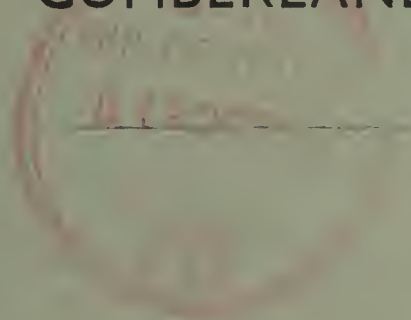


COUNTY COUNCIL OF
CUMBERLAND



ANNUAL REPORT

ON THE

HEALTH SERVICES
OF THE COUNTY

FOR THE YEAR 1938

KENNETH FRASER,

M.D., F.R.S.E., D.P.H., D.T.M.,
COUNTY MEDICAL OFFICER



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PUBLIC HEALTH AND HOUSING COMMITTEE.

Chairman.

Alderman THE LADY MABEL HOWARD, C.B.E.

Vice-Chairman.

Alderman J. J. ADAMS.

Aldermen.

ROBERTS, C. H. (Chairman of the County Council)
ex-officio.

CROZIER, J. W. CUSACK, J. M. DYKES, Col. H. B., D.S.O. FLYNN, J.
RIGG, R.

Councillors.

APPLEBY, Mrs. E.
ARMSTRONG, I.
BEATON, T.
CAIN, Mrs. E. G.
CARR, F. A.
CASSON, L.
DOUGLAS, J.
BURN, PULSFORD

FERGUSON, G.
GRAHAM, C. W.
HEWITT, J. W.
HODGSON C. L. C.
KIRKBRIDE, T.
KNOX, J. H.
MOORE, W. M.
STEPHENSON, T.

WILSON, DANIEL

Cumberland Insurance Committee Representatives.

COURT BROWN, Mrs.
CREASEY, J.

LOWERY, W. J.
WANDLESS, W. H.

Nominated by the British Medical Association.

EDINGTON, Dr. D. C.

MIDWIVES, MATERNITY AND CHILD WELFARE SUB-COMMITTEE.

Chairman.

Alderman J. J. ADAMS.

Aldermen.

CUSACK, J. M.
DYKES, Col. H. B., D.S.O.

HOWARD, THE LADY MABEL, C.B.E.
RIGG, R.

ROBERTS, C. H. (ex-officio)

Councillors.

CARR, F. A.
FERGUSON, G.

KIRKBRIDE, T.
KNOX, J. H.
STEPHENSON, T.

External Members.

FOX, Mrs. E. J.

HARRIS, Mrs. J.
WALKER, Miss C.

PUBLIC HEALTH OFFICERS OF THE AUTHORITY.

A. MEDICAL OFFICERS.

Whole-Time

County Medical Officer—

Kenneth Fraser, M.D., F.R.S.E., D.P.H., D.T.M.

Deputy County Medical Officer—

Mark S. Fraser, M.D., D.P.H., F.R.C.S.E.

Also Medical Officer of Health for Maryport

Assistant County Medical Officers—

A. C. B. McMurtrie, M.C., M.D., F.R.C.S.E., D.P.H.,
Venereal Diseases Officer.

Arthur H. Towers, M.B., Ch.B., D.P.H., B.Hy.

Kenmure J. Thomson, M.B., Ch.B.

Part-Time

H. C. Simpson, L.M.S.S.A., D.P.H.

Also Medical Officer of Health for Wigton R.D.C.

I. Spedding Jones, M.R.C.S., L.R.C.P., D.P.H.

Also Medical Officer of Health for Millom R.D.C.

Frederick W. Gavin, M.D., D.P.H. Also Medical Officer of
Health for Penrith R.D.C. & U.D.C.

C. A. Mason, M.B., Ch.B., D.P.H.

Also Medical Officer of Health for Keswick U.D.C.,
Cockermouth U.D.C., and Cockermouth R.D.C.

R. W. Macpherson, M.D., D.P.H.

Also Medical Officer of Health for Workington Borough.

W. S. Dalgetty, M.B., Ch.B.

Also Medical Officer of Health for Alston R.D.C.

B. DENTAL OFFICERS.

Senior Dental Officer—

A. C. S. Martin, L.D.S.

Assistant Dental Officers—

Miss Jean Miller, L.D.S.

A. E. Liebow, L.D.S. (Resigned July, 1938)

D. C. Lamond, L.D.S.

H. Christopher, L.D.S.

I. Rae, L.R.C.P. & S., L.D.S. (Appointed January, 1939)

***C. SUPERVISOR OF MIDWIVES.**

Miss C. F. Illingworth

***D ASSISTANT SUPERVISOR OF MIDWIVES,**

Miss E. E. Jackson.

***E. HEALTH VISITORS AND INFANT LIFE PROTECTION VISITORS.**

Miss A. B. King

Miss J. Reid

Miss G. R. P. Browlie

Miss E. Johnston

Miss E. M. Lawson

Miss J. N. Marchbank

Miss R. J. V. Hind

Miss M. E. Prescott

Miss M. A. Pope

Miss C. B. Ramsey. (Resigned September, 1938)

* All the above are fully-trained Nurses with the C.M.B. Certificate. In addition Miss Illingworth, Miss Jackson, Miss Marchbank, Miss Pope and Miss Ramsey hold the Health Visitor's Certificate.

F. DENTAL NURSES.

Miss W. Ferguson

Miss M. J. Kelly

Miss B. H. Crellin

Miss E. Beaton.

Miss S. J. Usher. (Appointed January, 1938)

G. AFTER-CARE SISTER, ORTHOPAEDICS.

Miss F. D. Nelson

H. COUNTY COUNCIL MIDWIVES.

Mrs. C. Benn

Miss A. Niland. (Appointed January, 1938)
(Resigned April, 1938)

Miss B. Whitehead. (Appointed January, 1938)

Miss G. Purdom. (Appointed January, 1938)

Miss H. A. Swann. (Appointed April, 1938)

Miss S. E. Warbrick. (Appointed June, 1938)

Miss C. Addley. (Appointed April, 1938)
(Resigned November, 1938)

Miss N. Simpson. (Appointed February, 1938)

I. PART-TIME NURSE, VENEREAL DISEASES.

Mrs. M. S. Parker.

J. PART-TIME ORDERLY, VENEREAL DISEASES.

G. H. Longstaff

K. ADMINISTRATIVE OFFICER.

W. Butcher. Also Vaccination Officer.

L. COUNTY ANALYST.

C. J. H. Stock, B.Sc., F.I.C.

M. CONSULTANTS.*Diseases of the Eye—*

J. A. Ross, M.A., M.B., Ch.B.

A. W. Patton, M.R.C.S., L.R.C.P., D.O.M.S.

Diseases of the Ear, Nose, and Throat—

E. Craig Dunlop, M.B., B.S., F.R.C.S., Ed.

Robert S. Venters, M.B., Ch.B., F.R.C.S., Ed.

Radiologists—

R. Connell, B.A., M.B., B.Ch., B.A.O., F.B.A.R.

R. Fawcitt, M.D., Ch.B., F.B.A.R.

Consultant in Obstetrics and Gynaecology—

A. W. Purdie, M.B., Ch.B., F.R.F.P.S., Glas., N.C O.G.
(Appointed June, 1938)

Consultants in Orthopaedics—

Harry Platt, F.R.C.S., Eng.

E. S. Brentnall, F.R.C.S., Ed.

Anaesthetist—

Duncan Cameron, M.D., F.R.F.P.S.

Bacteriological Consultant—

J. Steven Faulds, M.B., Ch.B., Ed., F.R.F.P.S., Glas.

PUBLIC VACCINATORS.

<i>District.</i>	<i>Name and Address.</i>
Alston-with-Garrigill	..Dr. W. S. Dalgetty, Carson Holm, Alston.
Longtown (Low)	..Dr. G. H. Thomson, Dunvegan, Longtown
Longtown (High)	.. do. do.
Brampton ..	..Dr. L. D. Nelson, Brampton.
Penrith .. ..	..Dr. A. S. Mactavish, Fernleigh, Penrith.
Langwathby ..	..Dr. J. Sachs, Birbeck House, Penrith.
Greystoke ..	..Dr. J. Mellor, Motherby Road, Greystoke.
Kirkoswald (No. 1)	..Dr. H. J. Robinson, High College, Kirkoswald.
Kirkoswald (No. 2)	..Dr. A. G. MacGillivray, High Heskett.
Burgh-by-Sands	..Dr. A. P. Walters, Burgh-by-Sands.
Dalston and Orton	..Dr. C. G. Shearer, The Green, Dalston
Cockermouth ..	..Dr. G. Govan, Challoner House, Cockermouth.
Maryport ..	..Dr. F. W. Clark, Fleming Square, Maryport
Workington ..	..Dr. I. Fletcher, Beechwood, John Street, Workington.
Keswick .. ..	..Dr. J. McKenzie, Riverholm, Keswick
Wigton .. ..	..Dr. E. M. Dolan, The Limes, Wigton.
Aspatria .. ..	..Dr. A. K. Rankin, Brandraw Mount, Aspatria.
Ireby and Caldbeck	..Dr. I. Macquarrie, Brandraw Mount, Aspatria.
Bowness .. ..	..Dr. A. P. Youngson, Hilcote, Kirkbride.
Holme Abbey ..	..Dr. E. B. Barton, 4 Park Terrace, Silloth.
Cleator .. ..	..Dr. W. S. Eaton, Montreal House, Cleator Moor.
Egremont ..	..Dr. B. Mitchell, Main Street, Egremont.
Gosforth ..	..Dr. H. G. Parker, Keldgreen, Seascale.
Harrington ..	..Dr. G. R. Cullin, 19 Church Road, Harrington.
Lamplugh & Frizington.	..Dr. L. Gilmore, 4 Scotch Street, Whitehaven.
Muncaster & Bootle	..Dr. D. R. Gray, Lane House, Bootle.
Millom .. ..	..Dr. R. Todd, 82 Lapstone Road, Millom.
Whitehaven ..	..Dr. T. S. L. Jones, 30 Queen Street, Whitehaven.
Wetheral .. ..	..Dr. W. M. Hetherington, The Plains, Wetheral.

INSTITUTIONAL MEDICAL OFFICERS.

Dr. A. S. Mactavish	.. Penrith Institution
Dr. E. M. Dolan ..	.. Wigton Institution
Dr. E. H. Ablett ..	.. Whitehaven Institution
Dr. W. M. Hetherington	.. Englethwaite Boys' Home
Dr. A. S. Mactavish	.. Lark Hall, Penrith

ADDITIONAL OFFICERS.*Medical Officers of Health of County Districts as on 31st December, 1938*

URBAN.

Workington ..	..	..	..	Dr. R. W. Macpherson
Whitehaven ..	..	..	..	Dr. J. W. Innes
Cockermouth ..	..	..	..	Dr. C. A. Mason
Keswick ..	..	..	..	Dr. C. A. Mason
Maryport ..	..	..	..	Dr. Mark S. Fraser
Penrith ..	..	..	..	Dr. F. W. Gavin

RURAL.

Alston ..	..	..	..	Dr. W. S. Dalgetty
Border ..	..	..	..	Dr. J. Lamberton
Cockermouth ..	..	..	..	Dr. C. A. Mason
Ennerdale ..	..	..	..	Dr. J. W. Innes
Millom ..	..	..	..	Dr. I. S. Jones
Penrith ..	..	..	..	Dr. F. W. Gavin
Wigton ..	..	..	..	Dr. H. C. Simpson

TO THE CUMBERLAND COUNTY COUNCIL.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I beg to present my Seventh Annual Report on the Health Services of the County.

The Report is prepared in accordance with Circular 1,728 of the Ministry of Health. I have to apologise for the late issue of this report for reasons which will be generally understood, and need not be elaborated.

The pressure of A.R.P. work during the first six months of the year has been such that it has been difficult to find time to prepare any report at all, and impossible to present a report at the usual period of the year, and one to which due consideration could be given.

VITAL STATISTICS.

The vital statistics for the year do not contain anything unusual. The rise in the Maternal Death rate, considerably above the low figure of 1937, is the most regrettable feature.

AIR RAID PRECAUTIONS.

The only aspect of A.R.P. work to which I propose to refer in this report is the question of the nursing services. From certain data, which are neither complete nor reliable, it is calculated that there will be required to carry on the casualty hospitals in the area in time of war, allowing for the fact that much of the services would be part-time, something like 2,000 nursing auxiliaries. This figure, if it is of any value, includes also the number of nursing auxiliaries required for the City of Carlisle. The area of Cumberland and Carlisle are regarded as one for this purpose. What proportion of nursing auxiliary volunteers may be expected from Carlisle I do not know, and I don't suppose anybody knows, therefore it is impossible to say what proportion of the 2,000 the administrative County is expected to provide, but it is already abundantly clear that there will be the utmost difficulty in getting anything even remotely approaching the number of nursing auxiliaries required for hospital services.

The reasons seem to me to be as under :—

- (1) Cumberland is an evacuation receiving area on a considerable scale, and many women who are anxious to play their part in the emergency feel that with the best will in the world they cannot on the one hand, take, say, half-a-dozen evacuated children and look after them, and on the other hand, give their services in hospital for nursing in hospital.
- (2) The geographical lay-out of the county makes it extremely difficult for many women, owing to the distances involved, to attend hospitals for training, and will make it equally difficult—and perhaps with transport restrictions almost impossible—for them to attend hospitals in war time for nursing duties.
- (3) The fact that the appeal for nursing auxiliary volunteers was not issued until many months after women had been asked to put down their names for other forms of national service. Women, therefore, having offered their services for local casualty work, such as first aid posts, ambulance driving, and so on, did not know, and still do not know, which channel of service will enable them to do work of the greatest value. The answer to this point is clear. *It is going to be ten times as difficult to get our nursing services fully staffed as it is to get all the rest of our A.R.P. casualty services staffed*, and any woman who is really free to devote any considerable part of her time to nursing in hospital should regard this (unless she is committed to taking evacuated children in such numbers as to make this impracticable) as the most important work for which she can offer her services in time of war. I do not mean that a woman as a nursing auxiliary is playing a more important part than a woman ambulance driver or attendant, or a woman working in a first aid post, but I do mean that owing to the difficulties outlined above, the claims of the nursing services must have a considerable degree of priority.

Nevertheless, after making every allowance for these difficulties, two of which are probably more applicable to Cumberland than to most areas, one is bound to feel that the response of the women of Cumberland to the widespread

appeal for the establishment here of an adequate branch of the Civil Nursing Reserve in preparation for an emergency has been extremely disappointing.

At the time of writing this report after six months of the most strenuous exertion in this matter, and after the broadcast national appeals, and the local appeals through almost every conceivable channel, and after the wide distribution of the classes in First Aid and Home Nursing, and the immediate response of the staffs of the local Hospitals for the provision of training facilities, it is perhaps not using too strong a word to say that it is deplorable that it has only been possible to submit to the Central Nursing Committee in London the names of 60 trained members of the Civil Nursing Reserve.

The Ministry intend that in each area a pool of women trained in First Aid, Home Nursing and Hospital duties, shall be formed, and that out of this pool there shall be allotted to the different branches, *i.e.*, Hospitals, First Aid Posts, etc., or to assist District Nurses, appropriate numbers in each area of the County. We were one of the first counties in England to get to grips with this difficult problem. Where have things gone wrong?

Apart from the real difficulties to which I have referred above the main reasons are probably as follows:—

- (1) In spite of all that has been said and written, the extreme gravity of the lack of an adequate number of women to form a Nursing Reserve is still generally not appreciated.
- (2) Far too many women have put their names down as willing only to assist District Nurses. It need not be pointed out that for 20 women in one village (as has happened) to state that the only work they are prepared to undertake as Nursing Auxiliaries is to assist the District Nurse, is to reduce the whole thing to a farce. With large numbers of evacuees to deal with the District Nurses may want additional help, but the roll of the District Nurse in an emergency is not to be a modern "Pied Piper of Hamelin" touring her district with a flock of Nursing Auxiliaries in attendance.
- (3) Unfortunately it is abundantly clear that it is not understood by many people that classes in First Aid and Home Nursing are being held to *fit people to fill definite niches* in the Casualty Services. These

classes are *not* being held to diffuse general knowledge in First Aid and Home Nursing, nor to prepare women for receiving evacuated children. Yet it has become apparent that large numbers of women have attended these classes just as a matter of general interest or because they expect to find a knowledge of First Aid or Home Nursing useful in their ordinary life. In some areas only a meagre proportion of the people who have attended the classes have troubled to take the examinations. Again a number of people, after being trained in First Aid, Home Nursing and Hospital work, have thrown in their hands.

I do not think it is too much to say that this kind of thing is not playing the game. I personally doubt if this Civil Nursing Reserve will ever be placed on a thoroughly sound basis until it becomes recognised as analogous to the Territorial Army, voluntary in its inception, but under sufficient discipline to prevent people nominally putting their hands to the plough and then turning back.

THE SANATORIUM.

In the turmoil of the past few months the development of the sanatorium proposal has naturally slowed up with the other services. Nevertheless substantial progress has been made. The site has been approved by the Ministry, and has been acquired. The allocation of the beds has been approved, and the County Architect, with such small assistance as I have been able to give him, has prepared a lay-out plan and a detailed plan for the ward blocks, administrative offices, kitchen blocks, and so on, on a provisional basis, and these have been informally discussed with officers of the Ministry on several occasions.

It is reasonable to hope that by the end of 1939, unless an emergency intervenes, the plans will be well on their way to completion.

MILK SAMPLING.

During the year the veterinary officers of the County Council were transferred by new legislation to the staff of the Ministry of Agriculture. They took with them to their new department some of the duties which they had been

undertaking as officers of the County Council, but, unfortunately, not all.

The organisation and supervision of the milk sampling was transferred to the Health Department. It is no small thing to have a considerable and somewhat complicated piece of work, of which one had had no previous knowledge or experience, suddenly pitch-forked into ones other duties without any additional technical staff being provided. Medical Officers of Health have had this kind of experience so often in recent years that their acceptance of fresh responsibilities becomes more or less automatic.

What useful purpose has been served by transference of these officers, and the re-arrangement of duties is not easy to appreciate, and, as was pointed out in my last report, the whole question of the supervision of milk production and licensing is now a three-party arrangement between the Ministry of Agriculture, the County Council and Local Sanitary Authorities, and it is surprising that the experience over the first twelve months of this arrangement has revealed less muddle than might reasonably have been expected.

I doubt if the new arrangement is equitable to the milk producer, because under the former arrangement, the County Veterinary Officer, who had personal knowledge of the circumstances in the great majority of the cases, was able to advise the Committee concerned in a way in which the Clerk of the Council and myself, who now take his place, cannot possibly do, in that we have no personal knowledge of the producers, their premises, circumstances and difficulties.

The situation has only been rendered possible by the help given by the Divisional Inspector of the Ministry of Agriculture. This question of milk sampling is dealt with in considerable detail in the appropriate section of this report.

THE PUBLIC ASSISTANCE MEDICAL SERVICE.

During the year an important change in placing more than half the county under the free choice system was effected. The results of this change are discussed in detail elsewhere in this report, and nothing more need be said here than to say that the change has been effected smoothly, and has

worked satisfactorily from the three points of view involved, i.e., the local authority, the contracting practitioner, and the patient.

ASPATRIA CLINIC.

The first standard clinic (non-resident caretaker type) sanctioned and approved for Aspatria, was started during the year, and at the time of writing is approaching completion. This is a departure of considerable significance in the health services from the former policy of purchasing and adapting existing buildings for clinic purposes. I hope that it will be possible for many members of the Council to visit the new premises when these are open, and I feel sure that all will agree that the policy of gradually replacing over a period of years the majority of our existing clinic premises with premises of this type, is a good one, and one which should be consistently pursued.

THE HEALTH PUBLICITY CAMPAIGN.

Medical Officers are requested to make some reference to this campaign in their annual reports.

The campaign, which began in the Autumn of 1937, overlapped into the Spring of 1938. Very large numbers of posters, handbills, and circulars—some specially printed to explain the scope of the health services—were distributed throughout the County through the medium of the district nurses, schools, clinics, post-offices, and the organisation of the Women's Institutes. The local press also co-operated in a very helpful way, and devoted large sections of their space to a detailed description of the health services to coincide with the issue of the Prime Minister's appeal.

No very definite result has yet been observed as a result of the campaign in the shape of increased applications for treatment, or treatment-centre attendances. The reason probably is that the attendances were already so large relative to the population that there was little scope for expansion.

DISTRICT NURSING AND MIDWIFERY SERVICES.

Arising directly out of the Midwives Act of 1936, the County Council have necessarily become more closely associated with the work of the Cumberland Nursing Association and its affiliated associations than previously. In previous reports the progress of this co-operation between these two bodies, especially in relation to the Midwives Act, has been carefully analysed.

Towards the end of the year preliminary steps were taken to consider the re-adjustment of the boundaries of nursing associations with the question of amalgamation in certain districts, and with the extended provision of motor transport and telephones for district nurses.

Writing in the summer of 1939 with certain further information before me, I would like, in this report, to appeal to all who may be concerned in this matter to approach this difficult problem in a spirit of mutual understanding and co-operation. To alter the boundaries of a nursing association, and still more to ask a nursing association to submerge its identity in that of adjoining associations is frequently asking a very great deal. There is a long tradition in many cases of local loyalty to the local association, as such. People can only be asked to break a long tradition of this kind if it is made clear to them that changing circumstances have to be met by change.

The chief factors governing the matter are :—

- (1) The difficulty in obtaining suitable district nurse-midwives, for which the demand exceeds the supply.
- (2) The economic factor, it being less costly to provide a district nurse with motor transport and to extend her area, than to provide two district nurses without motor transport.
- (3) The question of efficiency of access to the district nurse. The provision of motor transport and telephones undoubtedly makes it much easier to obtain the services of the district nurse, even in extended areas, with the least possible delay.

These factors will cover any proposals which the Cumberland Nursing Association, on behalf of the County Council, may make in this matter.

I have to thank, in conclusion, the Chairman and Members of the Health Committee, and many other Committees which I am supposed to attend, and often have not been able to attend, owing to recent events, for their forbearance and consideration.

I have to thank the members of my staff for their help. Naturally this question of A.R.P., with all the colossal labour it has involved, has fallen heavily on some shoulders, and less heavily on others, but everyone has shown the utmost willingness to play whatever part has been allotted to them as the

occasion has arisen. I must, I think, particularly express my indebtedness to my Administrative Officer, Mr. Butcher, for the way during these months in which he has relieved me of many routine matters with which I am normally accustomed to deal, and I must pay a tribute to all the Medical Officers in the County, who are also District Medical Officers of Health, for the way in which they have under rapidly changing conditions co-operated in the development of certain important sections of the A.R.P. casualty services.

I have also to thank those Medical Officers, not being Medical Officers of Health, for willingly assisting in A.R.P. work, and I have to thank the members of the clerical staff, on whom a great deal of extra work has fallen. At times nerves have been frayed, and the smooth running of the affairs of the department, which has been a feature of past years, has necessarily not always been possible, but on the whole I think we have come through these testing months remarkably well.

I am,
Your obedient Servant,

KENNETH FRASER,
County Medical Officer.

THE COURTS,
CARLISLE.

SPECIAL REPORTS.

Medical Officers are required by Circular 1,728 to include in their Annual Reports a summary of special reports made during the year. The most important of the special reports which have recently been issued are set out below :—

AIR RAID PRECAUTIONS	..	..	Numerous Reports
MATERNITY BED ACCOMMODATION	..	..	..Two reports dealing chiefly with the maternity units in the West Cumberland Hos- pitals
SANATORIUM..	..	..	..Two reports on size, site, allo- cation of beds, staff and cost.

STATISTICAL AND SOCIAL CONDITIONS OF THE AREA

The area of the Administrative County, as given in the Census Returns of 1931, is 968,598 acres. (Urban 62,133 ; Rural 906,465).

POPULATION.

	At 1931 Census.	Estimated by Registrar General, Mid. 1938.
Urban Districts ..	114,459	79,500
Rural Districts ..	91,331	115,400
Administrative County..	205,790	194,900

RATEABLE VALUE AND SUM REPRESENTED BY A PENNY RATE.

The rateable value of the County at 1st April, 1938, was £831,907. The estimated product of a penny rate, 1938-39, was £3,173.

EXTRACTS FROM VITAL STATISTICS FOR THE YEAR 1938.

LIVE BIRTHS.

	Total Births.	Males.	Females.
Legitimate ..	2,943	1,505	1,438
Illegitimate ..	149	80	69
Total Births ..	3,092	1,585	1,507

Birth Rate per 1,000 population—15.9.

STILL BIRTHS.

	Total Still-Births.	Males.	Females.
Legitimate ..	120	56	64
Illegitimate ..	7	3	4
Total Births ..	127	59	68

Date of Still-Births per 1,000 total births is 41.

DEATHS.

Total Deaths.	Males.	Females.
2,638	1,382	1,256

Crude Death Rate per 1,000 population—13.5.

Adjusted Death Rate do. 13.0.

(using the area comparability factor supplied by the Registrar-General)

DEATHS FROM DISEASES AND ACCIDENTS OF PREGNANCY AND CHILDBIRTH.

From Sepsis ..	2
Other Causes ..	10

Maternal Death Rate per 1,000 Total Births—3.88,

DEATH RATE OF INFANTS UNDER ONE YEAR OF AGE.

All Infants per 1,000 Live Births	..	..	59.47
Legitimate Infants per 1,000 Legitimate Live Births	..	..	59.12
Illegitimate Infants per 1,000 illegitimate Live Births	..	..	67.11
<u>DEATHS FROM CANCER (ALL AGES)</u>	..	..	338
<u>DEATHS FROM MEASLES (ALL AGES)</u>	..	..	23
<u>DEATHS FROM WHOOPING COUGH (ALL AGES)</u>	..		4
<u>DEATHS FROM DIARRHŒA (UNDER 2 YEARS)</u>	..		17

The 3,092 live births were distributed among the Urban and Rural Districts, as follows :—

BIRTHS, 1938.

URBAN DISTRICTS				Total Births.	Legitimate.	Illegitimate.	Birth Rate.
Cockermouth	..	..	..	75	70	5	15.6
Keswick	..	..	..	48	46	2	11.0
Maryport	..	..	..	182	177	5	16.1
Penrith	..	..	..	180	170	10	18.2
Whitehaven	..	..	..	385	377	8	17.2
Workington	..	..	..	467	445	22	17.1
<i>Aggregate of Urban Districts</i>				1337	1285	52	16.8
RURAL DISTRICTS							
Alston	..	..	..	31	30	1	13.1
Border	..	..	..	398	366	32	12.5
Cockermouth	..	..	..	261	252	9	14.8
Ennerdale	..	..	..	413	401	12	15.6
Millom	..	..	..	155	149	6	13.6
Penrith	..	..	..	151	142	9	13.4
Wigton	..	..	..	346	318	28	16.7
<i>Aggregate of Rural Districts</i>				1755	1658	97	15.2

The 2,638 deaths were distributed among the Urban and Rural Districts, as follows :—

DEATHS, 1938.

URBAN DISTRICT	Total.	Males.	Females.	Crude Death Rate	Adjusted Death Rate
Cockermouth	77	28	49	16.1	13.5
Keswick	65	34	31	14.9	11.9
Maryport	166	78	88	14.7	14.6
Penrith	127	68	59	13.6	11.8
Whitehaven	292	155	137	13.1	14.7
Workington	345	187	158	12.6	13.5
<i>Aggregate of Urban Districts</i>	1072	550	522	13.5	13.6
RURAL DISTRICTS					
Alston	47	28	19	19.1	17.2
Border	326	173	153	12.7	10.4
Cockermouth	233	127	106	13.2	12.7
Ennerdale	365	192	173	13.8	14.2
Millom	165	91	74	14.5	12.6
Penrith	133	65	68	11.8	10.5
Wigton	297	156	141	14.3	12.0
<i>Aggregate of Rural Districts</i>	1566	832	734	13.6	12.4

There is nothing very striking in the foregoing tables. The birth rate is rather lower than for the previous year, which in its turn was slightly higher than 1936. The death rate is also considerably lower than for 1937, but still considerably above the 1936 figure.

For the purpose of comparison, I have in the following table showing the principal causes of death, included the figures for the three previous years. There is nothing very striking to note between 1938 and 1937, except that heart disease continues steadily to rise, and with there being no epidemic of influenza during 1938, the death rate from this disease has returned to normal.

PRINCIPAL CAUSES OF DEATH

Cause of Death	No. of Deaths			
	1935	1936	1937	1938
Heart Disease	604	603	658	663
Cerebral Hæmorrhage, &c. ..	196	207	222	169
Other Circulatory Diseases ..	136	142	165	142
Cancer, Malignant Disease ..	324	303	309	338
Senility	155	149	133	118
Congenital Debility, Premature Birth, &c.	120	121	120	106
Pulmonary Tuberculosis ..	124	112	123	115
Other Tuberculous Diseases ..	31	34	35	34
Pneumonia (all forms) ..	138	111	129	105
Deaths by Violence (including Suicide)	111	110	111	135
Acute and Chronic Nephritis ..	78	81	84	64
Bronchitis	99	76	87	77
Diabetes	34	49	44	43
Influenza	44	26	114	31

INFANTILE MORTALITY.

Of the 3,092 live births during the year, 184 infants died before reaching the age of 12 months. The infant death rate per 1,000 live births is therefore 59.5—compared with the rate for 1938 for England and Wales of 53. The causes of death are shown in the following table :—

Causes of Deaths	No. of Deaths
Congenital debility, premature birth, etc. ..	105
Pneumonia (all forms)	22
Bronchitis	8
Diarrhoea, etc.	16
Other digestive diseases	8
Non-pulmonary Tuberculosis	3
Whooping Cough	1
Measles	4
Deaths by violence	1
Other defined diseases	16
	184

The fall in the infant mortality rate from 61 to 59.5 is satisfactory. We are, however, still above the 1936 figure, and definitely above the figure for England and Wales for 1938, which is 53. As will be seen from an examination of

the table, there is no outstanding item calling for comment. the deaths from congenital debility, pneumonia, and bronchitis, that is the group chiefly associated with economic distress and reduced resistance at 135 are considerably less than the previous year, so our reasons for being above the average infant death rate for the country cannot lie in that direction. Arranged in the order of the infant mortality rates, the Urban and Rural Districts stand as shown in the table which follows. The striking point in these tables is that the infant mortality rate for the Rural areas has risen to 64, and the rate for the Urban areas has fallen to 54. In other words the infant mortality rate for the Urban areas in Cumberland for the year was practically the average for the country, but the rate for the Rural areas was 11 points higher, which is a substantial margin.

URBAN DISTRICTS.							No. of Infant Deaths.	Rate.
Whithaven	/	..	..	..	..	..	25	65
Keswick	..	..	..	..	..	..	3	62
Workington	..	..	..	..	..	..	26	55
Maryport	..	..	..	..	..	..	9	49
Penrith	..	..	..	..	..	..	7	39
Cockermouth	..	..	..	..	..	..	2	27
Aggregate of Urban Districts							72	54
RURAL DISTRICTS.								
Alston	..	..	..	..	..	..	3	97
Penrith	..	..	..	..	..	..	14	92
Cockermouth	..	..	..	..	..	..	21	80
Wigton	..	..	..	..	..	..	22	64
Ennerdale	..	..	..	..	..	..	25	61
Border	..	..	..	..	..	..	21	53
Millom	..	..	..	..	..	..	6	39
Aggregate of Rural Districts							112	64

1938 Rate for England and Wales..	..	..	53
1938 Rate for Cumberland County	..	..	59.5

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA

LABORATORY FACILITIES.

Pathological and bacteriological examinations are carried out at the Pathological Department at the Cumberland Infirmary, with the exception of Wassermann tests, which are done at the University of Manchester. Chemical analysis of food and milk stuffs is undertaken by the County Analyst. No change has taken place in the above arrangements.

The new departments of biological chemistry at the laboratory, which deals with the analysis of water, food supplies, and certain other matters affecting the Public Health Services has more than justified its establishment.

I continue to be greatly indebted to Dr. Faulds, the Pathologist in charge of the laboratory, for his help and advice on many problems.

AMBULANCE FACILITIES.

All parts of the county are now provided with ambulance services, and in about half of these the authority concerned, whether the local authority or an ambulance committee, has entered into arrangements with the County Council on the lines of the scheme, which has been fully explained in previous years. The authorities at present co-operating are the Maryport and District Ambulance Association, the Cocker-mouth Urban and Rural District Councils, the Wigton Rural District Council, the Brampton Ambulance Association, the Penrith Urban and Rural District Councils. In other parts of the County no arrangement has been arrived at so far, and any necessary County Council arrangements are made by private car or ambulance.

The provision of adequate ambulance facilities for dealing with the casualty services under A.R.P. is proving a matter of considerable difficulty. 77 ambulances are required, plus four vans converted into mobile units, which really are first aid posts on wheels. The restrictions placed on the selection of vehicles for the purpose of conversion into ambulances in an emergency are rather stringent, and at the time of writing it has not been possible to earmark provisionally more than about one-third of the number of vans required. I do not

doubt that in an emergency the ambulances owned by district councils and ambulance associations will be placed at our disposal, and I have communicated with the various bodies concerned on the matter.

NURSING IN THE HOME.

Little change has taken place in this matter during the year. One new nursing association has been started to cover the area of Waverton, Westward and Woodside. The county is now completely covered with nurse-midwives, except in the Nicholforest area, which still remains unprovided. The appropriate solution to this problem, I think, is undoubtedly to provide the Bewcastle nurse with motor transport, and to extend the area of that association.

The changes brought about by the Midwives Act are now running smoothly. The new scales of salaries for nurse-midwives are in operation, and an increasing number of nursing associations have adopted the pension scheme for their nurses. An increasing number of associations are providing motor cars for their nurses, and to a lesser degree telephones. At the time of writing, steps are being taken to amalgamate a number of nursing association districts in the east of the county. This process of amalgamation will gradually extend to cover the whole county, and the result will be, through the provision of motor cars and telephones, a reduction in the number of nursing associations, with an extension of the boundaries of others.

These changes will make for economy and efficiency.

CLINICS AND TREATMENT CENTRES.

The new clinic at Carlisle was opened during the summer. The premises are excellent, the equipment good and altogether it is by a long way the best clinic we have in the county. The new "standard clinic" at Aspatria is in process of erection and it is anticipated that it will be opened during the autumn of 1939. The policy of replacing our present unsatisfactory clinics in certain areas in the west by these standard clinics will, I hope, be continued at the rate of at least one per year until all the unsatisfactory clinics have been replaced. The days and hours of clinic sessions attended by medical officers are shown below :—

DAYS AND HOURS OF ATTENDANCE AT TREATMENT CENTRES. (Medical Officer's Sessions only).

<i>Centre.</i>	<i>School Clinic.</i>	<i>T.B. Dispensary.</i>	<i>M. & C.W Clinic.</i>
CLEATOR MOOR :			
Stirlings	..1st & 3rd Mon.,	..2nd & 4th Tues.,	..2nd & 4th Tues.,
Infirmery	9-30 to 12-30	1-30 to 4-0	9-30 to 12 noon. Ante-natal, 1st & 3rd Mon., 2-0 to to 3-30.
MILLOM :			
Dunedin, Lapstone Road	..1st & 3rd Tues., 9-45 to 1-0	..2nd & 4th Wed., 1-30 to 3-0	..2nd & 4th Wed., 9-45 to 12-30. Ante-natal, 3 0.
WIGTON :			
Proctor House, Proctor Row	..2nd & 4th Mon., 10-0 to 12-30	..2nd & 4th Mon., 3-0 to 4-0	..2nd & 4th Mon., 2-0 to 3-0. Ante- natal by appoint- ment.
EGREMONT :			
The Hut ..	..2nd & 4th Thurs., 10-0 to 12-0	..2nd & 4th Thurs., 1-30 to 4-0	..1st & 3rd Thurs., 1-0 to 3-0. Ante- natal, 3-0.
MARYPORT :			
58 Curzon Street	..2nd & 4th Fri., 10-30 to 12-30	..2nd & 4th Fri., 1-30 to 3-30	..1st & 3rd Tues., 2-0 to 4-30. Ante-natal, 3rd Friday, 2 p.m.
PENRITH :			
Southend House, Southend Road	..2nd & 4th Tues., 10-0 to 1-0	..2nd & 4th Tues., 3 p.m. onwards	..2nd & 4th Tues., 2-0 to 3-0. Ante- natal by appoint- ment.
COCKERMOUTH :			
Harford House, Main Street	..2nd & 4th Mon., 2-0 to 4-0	..2nd & 4th Thurs., 2-0 to 4-0	—
ARLECDON & FRIZINGTON :			
Council Chambers	..2nd & 4th Mon., 9-30 to 12-15	..2nd & 4th Mon., 2-15 to 3-0	..1st & 3rd Fri., 9-30 to 12-15. Ante-natal, 1st Fri., 2-0 to 3-30.
BRAMPTON :			
Union Lane	..1st & 3rd Fri., 9-30 to 12-0	..2nd & 4th Fri., 9-30 to 12	..1st & 3rd Fri., 1-0 to 4-0. Ante-natal, by appointment.
ALSTON :			
Cottage Hospital	..2nd & 4th Wed., 1-30 to 3-0	—	..2nd & 4th Wed., 10-0 to 12-30
WHITEHAVEN :			
102 Scotch Street	..2nd & 4th Wed., 9-30 to 12-0	..1st & 3rd Mon., 11-0 to 1-0 2-0 to 4-0 and 2nd & 4th Wed., 2-30 to 4-0	..2nd & 4th Wed., 1-30 to 2-30

<i>Centre.</i>	<i>School Clinic.</i>	<i>T.B. Dispensary M. & C.W. Clinic</i>
WORKINGTON :		
Park Lane	.. ———	.. Mon., 2-0 p.m. .. ——— Fri., 2-0 p.m.
CARLISLE :		
14 Portland Square	.. 2nd & 4th Wed., 9-30 to 12-0	.. 2nd & 4th Wed., 3-0 to 4-0 .. 2nd & 4th Wed., 1-30 to 3-0

VENEREAL DISEASES CLINICS.

Medical Officer's Sessions.

CUMBERLAND INFIRMARY.

Mondays	.. 2-30 p.m.	.. Women and Children.
Wednesdays	.. 2-30 p.m.	.. Men.
Wednesdays	.. 6 p.m.	.. Men.
Thursdays	.. 5 p.m.	.. Women (unable to attend
Thursdays	.. 6 p.m.	.. Men. on Mondays).

WHITEHAVEN AND WEST CUMBERLAND HOSPITAL.

Fridays	.. 2 p.m.	.. Women and Children.
Fridays	.. 5 p.m.	.. Men.

In addition irrigation is undertaken at the Cumberland Infirmary by the Nurse and the Male Orderly daily :—

At 5 p.m. for females (Sundays excepted).
„ 6 p.m. for males.

ORTHOPAEDIC CLINICS.

These are held in Whitehaven and Maryport every two months, and in Carlisle and Penrith every four months—Whitehaven on Wednesdays, Maryport on Thursday mornings, Carlisle and Penrith alternately on Thursday afternoons. Usually these clinics are held in the third week of the appropriate months.

While not strictly an orthopaedic clinic inside the County, reference should be made to the very valuable facilities extended to us by the Ethel Hedley Hospital at Windermere, whereby urgent or difficult cases are seen at the hospital by arrangement on the visiting days of the consulting surgeons. These facilities are extremely valuable, not merely for the solution of problems of exceptional difficulty or urgency, but, also in that they bridge the gap between the routine orthopaedic clinics held at the various centres in the County, as outlined above.

DENTAL CLINICS.

These are held at Alston, Aspatria, Brampton, Carlisle, Cleator Moor, Cockermouth, Egremont, Frizington, Keswick, Longtown, Maryport, Millom, Penrith, Silloth, Whitehaven

and Wigton. Some are held twice a week, some once a week, and some once a fortnight. It is not possible to give a complete list of days, as some variation occurs according to circumstances.

The equipment at many of these clinics is not satisfactory, and is receiving a thorough overhaul.

HOSPITALS.

During the year the plans for the extensions to the Cumberland Infirmary as the base hospital for the area, received further consideration. These plans have now been approved by the Ministry in their final form, subject to certain alterations in the x-ray department which have been suggested by the Radium Commission in connection with the development of the treatment facilities for cancer.

The plans for the proposed new hospital at Whitehaven are in process of preparation, and a considerable amount of progress has been made. Representatives of the hospital, and the hospital architect have conferred with the county architect and myself on several occasions.

The extensions to the Maryport Cottage Hospital proceeded during the year, and these new premises were formally opened about the time of writing this report (midsummer, 1939). These extensions to the maternity unit, and certain other sections of the hospital, represent the first completed item in the development of our maternity bed and general hospital programme for the area.

At the Workington Infirmary the new x-ray and massage department has been opened. Some further consideration was given to the extension of the maternity department, but so far as I am aware, nothing definite has yet transpired.

In Carlisle the plans for the extension of Crozier Lodge Infectious Diseases Hospital for the reception of puerperal sepsis cases have been completed, and building, I understand, is likely to begin shortly.

While not a county matter, reference should be made to the re-organisation of Fusehill Hospital, now the City General Hospital. This hospital has been of the greatest value to us in our health services, and particularly in our maternity services, and in the treatment of ear, nose and throat conditions, and we are naturally, therefore, much interested in the improvements being carried out at this institution.

During the year, as usual, we sent a number of cases to the Edinburgh Royal Infirmary, or to the Royal Hospital for Sick Children, Edinburgh.

THE PUBLIC ASSISTANCE MEDICAL SERVICE.

The following tables show the extent of the in-patient treatment carried out in the sick wards of the Public Assistance Institutions of the County during the year :—

TABLE A.

1. Total number of admissions (including infants born in hospital)	.. ..	426
2. Number of women confined in hospital		6
3. Number of live-births	.. ..	7
4. Number of still-births	.. ..	—
5. Total number of deaths	.. ..	107

TABLE B.

CLASSIFICATION OF IN-PATIENTS WHO WERE DISCHARGED FROM OR WHO DIED IN THE INSTITUTIONS DURING THE YEAR ENDED 31ST DECEMBER, 1938.

DISEASE GROUPS.				Children (under 16 years of age).		Men and Women.	
				Dis- charged.	Died.	Dis- charged.	Died.
A.	Acute infectious disease	..	..	12	1	1	—
B.	Influenza (1)	..	..	—	—	10	—
C.	Tuberculosis—Pulmonary	..	..	—	—	2	2
	Non-pulmonary	..	..	—	1	—	—
D.	Malignant Disease	..	..	—	—	3	9
E.	Rheumatism—						
	(i) Acute rheumatism (rheumatic fever), together with sub-acute rheumatism and chorea	..	..	—	—	17	2
	(ii) Non-articular manifestations of so- called "rheumatism" (muscular rheu- matism, fibrositis, and sciatica)	..	..	—	—	3	—
	(iii) Chronic arthritis	..	..	—	—	3	—
F.	Venereal disease	..	..	—	—	1	—
G.	Puerperal pyrexia	..	..	—	—	—	—
H.	Puerperal fever—						
	(a) Women confined in the hospital	..	..	—	—	—	—
	(b) Other cases	..	..	—	—	—	—
I.	Other diseases and accidents connected with pregnancy and childbirth	..	..	—	—	—	—
J.	Mental diseases—						
	(a) Senile Dementia	..	..	—	—	3	—
	(b) Other	..	..	—	—	10	7
K.	Senile decay (2)	..	..	—	—	2	17
L.	Accidental injury and Violence (3)	..	..	—	—	10	3
<i>In respect of cases not included above :—</i>							
M.	Disease of the Nervous System and Sense Organs	..	..	—	2	32	11
N.	Disease of the Respiratory System	..	..	9	1	16	10
O.	Disease of the Circulatory System	..	..	—	—	25	39
P.	Disease of the Digestive System	..	..	3	—	28	2
Q.	Disease of the Genito-urinary System	..	..	—	—	4	—
R.	Disease of the Skin	..	..	9	—	48	—
S.	Other diseases	..	..	1	—	40	—
T.	Mothers and infants discharged from Maternity Wards, and not included in above figures	..	..	7	—	6	—
U.	Any persons not falling under any of the above headings	..	..	5	—	6	—
Totals				46	5	270	102

(1) Including Acute Influenzal Pneumonia.

(2) Confined to cases and deaths in which no more specific diagnosis was practicable.

(3) Including suicides, attempted suicides, and poisoning cases.

The first twelve months of the new domiciliary medical relief scheme ended on 30th September, 1938, and the records of the cases treated under the scheme have been carefully examined. Prior to the commencement of the scheme there were 30 public assistance medical districts—9 of these remain unchanged, with one district medical officer under permanent contract in charge. In Maryport there is a specially appointed medical officer on a part-time basis. In the remaining 20 districts the domiciliary, or free choice scheme, has been in operation. There have been 57 contracting medical practitioners, so that in all there are now 67 medical practitioners in the county concerned with the public assistance medical service, as compared with 30 prior to the scheme coming into operation.

During the twelve months ended 30th September, 2,986 persons received treatment, involving some 25,000 home or surgery visits. Out of a total of 865 persons on the permanent medical relief list 597 received treatment. These new arrangements involved a considerable adjustment of the financial costs of the public assistance medical services in the area. It was agreed on all hands that such a financial adjustment was considerably overdue.

The new scheme has worked smoothly and satisfactorily to the patients, to the practitioners, and to the local authority. An examination of some 4000 record cards has shown that the records, with few exceptions, have been well kept, that the patients have received adequate attention, and that there has been no over-visiting.

INSTITUTIONAL PROVISION FOR THE CARE OF MENTAL DEFECTIVES.

I am indebted to the Clerk to the Joint Mental Deficiency Committee for a copy of the Annual Report on the work of the Joint Committee for the year, from which I take the following extract dealing with institutional accommodation:—

“ At the end of the year under review, there were 357 patients chargeable to the Joint Committee, who were under order in Institutions or on licence therefrom. The corresponding figure for the 31st December, 1937, was 334. The distribution of the cases, as between the Constituent Authorities, was as follows :—

		Males		Females		Total
Cumberland	..	99	..	124	..	223
Westmorland	..	40	..	29	..	69
Carlisle	..	30	..	35	..	65
		<hr/>		<hr/>		<hr/>
		169	..	188	..	357
		<hr/>		<hr/>		<hr/>

The following table shows the distribution of the cases as between Institutions :—

At Dovenby Hall Colony	..	..	192
At Milnthorpe Institution	..	..	84
At the Royal Albert Institution		..	19
At Rampton State Institution (including Auxiliary Homes)	..	..	13
At Durran Hill House, Carlisle		..	9
At other Institutions	..	..	40
			<hr/>
			357
			<hr/>

The extensions to Dovenby Hall Colony begun in April, 1937, were completed by the end of October, 1938. As a result of these extensions, which were described in our last report, the accommodation for female patients has been increased by approximately 120 beds. Most of the accommodation in the Hall itself has had to be allocated to Staff quarters, in order to cope with the increased numbers of nurses, etc. The position of the accommodation for female patients is now as follows :—

Orchard House.—20 Medium and High Grade Girls up to 13 years.

Storey House (new) 30 Lowest Grade Females of all ages.

Hodgson House (new) 60 Low to Medium Grade Females of all ages, in two flats. .

Howard House (new) 60 High Grade Women over 16 years.

The Hall.—10 High Grade Girls.

Owing to the fact that the new buildings were not available until November, and that it proved exceptionally difficult to obtain staff, it was impossible to do more than make a start in moving patients into the new buildings before the end of the year. Since the end of 1938, however, the movement of patients has proceeded steadily, and at the date of this report all the women at Milnthorpe (43 in number) have been transferred to

Dovenby, and, in addition, 16 women from other Institutions, and 5 women who were waiting accommodation in their own homes. The number of beds unoccupied is only 40, and these will undoubtedly be absorbed within the next five years at the present rate of admission.

We strongly recommend, as we did in our last report, that an early start be made in the building of a Girls' Home of 40—50 beds. The accommodation would enable proper classification in age groups to be carried out, and the beds would all too soon be filled.

The accommodation for males has not been increased by the recent additions, and still remains at a figure of 120 beds. In our last report we strongly recommended the early provision of a Boys' Home of 40 beds. This recommendation has been accepted in principle by the Joint Committee. We need not, therefore, again explain the reasons which make the addition desirable, and can content ourselves by saying that the need has now become more imperative, and that we hope that an early start will be made."

MATERNITY AND CHILD WELFARE.

MATERNAL MORTALITY.

The number of maternal deaths occurring in the County during the year was 12, which gives a maternal death-rate per 1,000 births of 3.88. The corresponding death-rate for England and Wales in 1938 was 2.97. The corresponding figures for Cumberland for the years immediately preceding are as follows :—

17 deaths equal to a rate of	4.94 in 1934
14 " "	4.06 in 1935
13 " "	3.94 in 1936
4 " "	1.23 in 1937

The 12 deaths which occurred in 1938 were divided as follows :—

Puerperal Sepsis	..	..	..	..	2
Other Puerperal causes	..	..	..	..	10

DISTRIBUTION BY AREAS.

	<i>Puerperal Sepsis.</i>		<i>Other Puerperal Causes.</i>	
Workington Borough	..	—	..	2
Whitehaven Borough	..	1	..	2
Maryport Urban	1
Alston Rural	1
Border Rural	1	1
Ennerdale Rural	1
Millom Rural	1
Wigton Rural	1
	<hr/> 2		..	<hr/> 10

Analysing the causes of death, the figure of two deaths from sepsis remains much below the average of previous years. In 1937 we had one death from sepsis which was the lowest figure ever recorded.

Among the deaths classified as other puerperal causes, the death certificates show the causes of death to be as under—

Hyperemesis Gravidarum	..	..	2
Post-Partum Hæmorrhage	..	..	1
Ante-Partum Hæmorrhage—Placenta Prævia			1
Eclampsia	..	..	1
Cæsarean Section and Cardiac Failure		..	1
Cæsarean Section and Puerperal Fever		..	1
Cæsarean Section and Embolism	..	..	1
Pulmonary Embolism	..	..	1
Pyelitis	..	..	1

Of the total deaths ten occurred in hospital, and two at home.

The work of the ante-natal scheme during the year is shown in the following tables :—

			Ante-natal Examinations by Private Practitioners.	Ante-natal Examinations at Clinics.	Total
Examined at Surgery	437	..	..	..	..
Examined at Home	867	..	..	..	..
	1304	..	62	..	1366
Findings at Examinations—					
Normal	620	..	12	..	632
Abnormal	684	..	50	..	734
Number of Further Examina- tions	1120	..	95	..	1215
Post-Natal Examinations ..	19	..	—	..	19
Recommended for Hospital—					
On Account of Home Conditions	90	..	8	..	98
On account of Patient's Condition	63	..	2	..	65
Recommended to have Dr. at Confinement	43	..	1	..	44
Specialist's opinion recommended	26	..	7	..	33
Extra nourishment recommended and granted	207	..	27	..	234
Dental treatment recommended in 309 cases.					
Actually treated, 170 cases. 139 refused treatment or cancelled.					

SUMMARY OF ABNORMALITIES FOUND ON ANTE-NATAL EXAMINATION :—

Anæmia and General Debility	36
Albuminuria and Oedema	74
Varicose Veins	176
Vaginal Discharge	31
Malpresentation	25
Heart Condition	17
Dental	183
Contracted Pelvis	61
Hæmorrhage	11
Prolapse of Uterus	4
Pyelitis	2
Tuberculosis	5
History of Difficult Labours	10
Failure of Head to engage	6
Raised Blood Pressure	25
Glycosuria	9
Other Abnormalities—unsatisfactory general health	49

These tables, as usual, are interesting. They show that 1,366 expectant mothers were examined under the County Council scheme, all except a fraction being examined, not at ante-natal clinics, but at the homes of the patients, or at the surgeries of the doctors concerned, by the medical practitioners in the area, in accordance with the declared policy of this Council. As previously pointed out, a very high percentage of all cases booked by midwives are now ante-natally examined under the County scheme. Emergency bookings, and one or two other factors, will always prevent this figure reaching 100 per cent., but the percentage of refusals on the part of the expectant mothers themselves is negligible.

The total number of ante-natal examinations, including second and subsequent examinations, rose from 2,216 in 1937, to 2,581 in 1938. When I took up my present post in 1932, the total number of ante-natal examinations was approximately 900, so that in the last seven years the amount of ante-natal supervision by medical practitioners has practically trebled, apart altogether from the increase in the number of cases in which medical aid is summoned by the midwife. This increase is chiefly due to the greatly increased number of second or subsequent ante-natal examinations undertaken in accordance with the wishes of the Ministry of Health, but the rise in the number of women presenting themselves for primary examination has also been very substantial indeed.

The number of patients recommended for confinement in hospital on account of home conditions was 98. The number recommended for hospital confinement on account of the patient's conditions was 65. I have several times previously commented on the relatively very small number of cases in which medical practitioners recommended that the patient be confined in hospital. This figure has never been easy to understand, and it is less easy to understand this year than ever, because although the total number of ante-natal examinations has risen from 2,216 to 2,581, and the number of cases found abnormal has passed the number found normal—684, as compared with 620—yet the total number of women recommended for hospital confinement has dropped from 85 to 65. It is true that dental defects account for 183 of the abnormalities, which is a considerably higher figure than the previous year, but an examination of the table of abnormalities immediately preceding would appear to show that considerably more than 65 women might have been expected to be classified as cases requiring hospital confinement.

The number of cases recommended for extra nourishment was 234.

The number of cases recommended for dental treatment again shows a substantial increase, indicating, I think, that the value of our dental services is becoming more widely appreciated. The actual number of cases treated was not very much higher, 170 compared with 154 in the previous year, but this was due to (a) the patients refusing dental treatment, (b) the recommendations reaching us so late in the pregnancy that it was considered inadvisable to subject the patient to the strain of dental treatment.

Post-natal examinations remain at a very absurd figure, actually 19 out of a total of some 3,000 births. The figure is absurd even admitting that a number of cases may have been dealt with privately, because it is, I think, generally recognised that about 25% of all women require post-natal treatment.

The appointment of the Consultant in Gynæcology and Obstetrics became effective during the year. Early in the summer of 1939, however, Dr. Purdie, the successful applicant, resigned his post on account of illhealth, and at the time of writing the position is vacant. It was not found possible to make a start with the ante-natal clinics in West Cumberland during the year, but all arrangements were made in the matter, and the clinics actually started in January, 1939. These ante-natal clinics were arranged in conjunction with the Boroughs of Workington and Whitehaven.

Two-hundred-and-sixty-eight cases were admitted to hospital during the year as compared with 204 for 1937. The chief individual reason for admission showing an increase was unsatisfactory home conditions.

More than once during the year every available hospital maternity bed in the County was full, and every available bed for maternity cases in nursing homes in Carlisle was also full. Nevertheless our luck held good, and the time has not yet arrived when we have been unable to arrange admission for a midwifery emergency.

The 268 cases were admitted to hospitals for the following reasons :—

Home conditions unsatisfactory	..	..	..	118
General condition, anæmia, etc.	..	..	..	11
Albuminura	..	..	..	20
Contracted pelvis	..	..	..	11
Bad previous history	..	..	..	15
Raised blood pressure	..	..	..	4

Eclampsia	3
Cæsarean section	2
Hyperemesis gravidarum	2
Malpresentation	8
Abortion	6
Puerperal Sepsis	18
Varicose veins	5
Hæmorrhage	12
Glycosuria	3
Other causes	30
	<hr/>
	268
	<hr/>

Most of these cases were admitted to the following hospitals and nursing homes. For the purposes of comparison, the figures of admission for 1936 and 1937 are also shown :—

	1936.	1937.	1938.
Whitehaven & West Cumberland			
Hospital	66	39	49
Workington Infirmary	41	43	39
Victoria Cottage Hospital, Maryport	19	14	21
Carlisle Corporation Maternity Home	52	27	10
Carlisle City General Hospital	58	58	118
Alston Cottage Hospital.. .. .	5	5	3
Hope Hospital, Leeds	1	—	—
St. Monica's Home, Kendal	3	—	—
Cumberland Infirmary	1	1	—
	<hr/>	<hr/>	<hr/>
	246	187	240
	<hr/>	<hr/>	<hr/>

The enormous increase in the number of cases admitted to the City General Hospital is the outstanding feature of the table.

In addition, 23 cases of sepsis, as compared with 7 in 1937, were admitted to the Carlisle Infectious Diseases Hospital at Crozier Lodge, and 9 cases were admitted to private nursing homes.

The figures in these two tables do not, of course, tally because sometimes cases are admitted and discharged and re-admitted, or transferred from one institution to another.

Emergency admissions amounted to 86 as compared with 41 for 1937. Emergency admissions, apart from those due

to actual complications occurring at the time of the confinement which could not have been anticipated, are one of the least satisfactory features of our midwifery service. They form too high a proportion—one-third—of the total admissions. Apart from inter-current unforeseeable complications, they mean either that the expectant mother has presented herself at the hospital door whilst actually in labour, which is often the case, or that some abnormality discovered antenatally has not led to the logical conclusion of hospital confinement being arranged.

In addition to the cases referred to above, in which confinement, took place in hospital or in private nursing homes, six confinements took place in the maternity ward of the Public Assistance Institution at Whitehaven during the year.

The number of visits paid during the year by Health Visitors, County Council Midwives and District Nurses, to expectant mothers amounted to 12,364. These figures exclude Workington (3,371), Alston (100), and the midwives practising independently (1,373)

Home Helps were provided in twelve cases, and three cases were sent to the Silloth Convalescent Home for a period of convalescent treatment following their confinements.

INFANTILE MORTALITY.

This question has been dealt with in the first section of this report.

HEALTH VISITING.

The number of visits paid by the whole-time Health Visiting Staff and District Nurses during the year to children under 1 year of age, amounted to 21,479, and to children between the ages of 1 to 5 years, 16,799.

All the facilities of the School Medical Service are now available for children under 5 years of age, apart from the important reservation that children under 5 years of age do not benefit by the issue of free milk or cheap milk, or extra rations, in the same way as the older children at school do.

The National scheme for the provision of cheap milk to children under school age does not seem to make much progress, and, of course, the difficulties in the way of initiating

such a scheme are apparent. Nevertheless through the school clinics these younger children are very carefully supervised, and necessitous cases receive extra nourishment in the shape of cod-liver oil emulsion, or cod-liver oil and malt, virol and milk, or in various other ways.

A Maternity and Child Welfare Centre was opened in Whitehaven during the year. This was not the opening of a new centre, but merely the addition of a new service at the Treatment Centre already in existence, and is really a re-arrangement of existing services, in that it is more convenient for mothers in the immediate vicinity of Whitehaven to bring their children into Whitehaven rather than to take them to one of the older M. & C.W. centres in the Cleator Moor—Frizington—Egremont area.

The attendances at the Maternity & Child Welfare Centres continue to be satisfactory. The number of children under 1 year of age who attended for the first time was 582, and between the ages of 1 and 5 years, 667. These figures show small increases over the previous year. The total number of attendances at these centres during the year by children amounted to 5,241, an increase of nearly 1,000. During the year 117 children under 5 years of age received dental treatment, 69 received treatment for eye diseases, and 34 for diseases of the ear, nose and throat. Orthopædic treatment is dealt with elsewhere in this report.

The work of the voluntary Maternity & Child Welfare Centres in Penrith, Wigton and Cockermouth, has continued satisfactorily.

In Penrith 99 infants and 70 children between 1 and 5 years of age attended, and made a total of 1,378 attendances; a substantial increase over the previous year. Forty-six clinic sessions were held. At Cockermouth 28 children under 1 year attended, and 53 between the ages of 1 and 5. Twenty clinic sessions were held, and 672 attendances were recorded. In the case of Wigton, 17 children under 1 year, and 21 between 1 and 5 years attended. Fourteen clinic sessions were held, and the total attendances amounted to 264.

MATERNITY AND NURSING HOMES.

An application for registration of a maternity and nursing home at Hundith Hill, near Cockermouth, was received during the year. The premises were inspected, and the County Council were recommended to grant the application.

No powers have been delegated under Section 194 of the Public Health Act, 1936, to any council of a county district.

PUERPERAL PYREXIA.

During the year, 43 cases of puerperal pyrexia were notified, compared with 26 cases the previous year. The condition in regard to septic puerperal conditions, as compared with previous years, is as under :—

In 1930 there were 6 cases notified with 4 deaths

„ 1931	„	39	„	„	3	„
„ 1932	„	41	„	„	8	„
„ 1933	„	31	„	„	3	„
„ 1934	„	34	„	„	9	„
„ 1935	„	33	„	„	2	„
„ 1936	„	32	„	„	3	„
„ 1937	„	26	„	„	1	„
„ 1938	„	43	„	„	2	„

CHILDREN AND YOUNG PERSONS ACT, 1933.

The work of supervision and visitation of the children who are boarded-out under the terms of the above Act has been carried out, as hitherto, by the whole-time Health Visitors of the County Council, who are designated, and specially approved as Infant Life Protection Visitors.

No case of child neglect among these boarded-out children came to our notice during the year.

REPORT ON VISITATION OF CHILDREN FOR THE YEAR ENDED 31st DECEMBER, 1938.

	<i>Legit.</i>		<i>Illeg.</i>		<i>Total</i>	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
A. No. of children under supervision on 1st January, 1938	6	3	15	11	21	14
B. No. brought under supervision during year ended 31st December, 1938	2	2	7	5	9	7
C. No. removed from Register during the year ended 31st December, 1938	3	2	7	5	10	7
D. No. remaining under supervision as at 1st January, 1939 ..	5	3	15	11	20	14
E. Total No. of 1st Visits to Homes by Health Visitors ..						15
„ Re-visits ..						216
„ Children concerned ..						51

MIDWIVES.

During the year 134 midwives notified their intention to practise. This figure includes holiday or relief midwives, and covers other changes or temporary engagements. The average number of midwives practising is 87. This is a higher figure than any previous year in spite of the fact that one or two midwives have dropped out under the provisions of the Midwives Act, and is probably explained by the fact that the County Council employed during the year seven whole-time midwives, four in Workington, one in Cleator Moor, and one in Penrith, with one relief midwife, compared with the previous year, when the County Council only employed one midwife, situated at Cleator Moor.

Eleven midwives resigned their appointments under the Cumberland Nursing Association, and four surrendered their certificates under the provisions of the Midwives Act.

Fourteen new district-nurse-midwives were appointed, including one for the new Waverton, Westward and Woodside Nursing Association, and two County Nursing Association Relief nurse-midwives.

The Supervisor of Midwives paid 219 routine visits of midwifery inspection during the year in addition to 149 special visits in connection with puerperal sepsis and puerperal pyrexia, and ophthalmia and other matters.

The work of the midwives during the year has been well and efficiently carried out.

One-thousand-seven-hundred-and-eighty-four cases were attended by midwives as "midwives" cases. These figures include the Boroughs of Workington and Whitehaven. The midwives also attended 741 "maternity" cases with a doctor in attendance.

Medical help was summoned by midwives on 1,182 occasions. This figure grows steadily year by year, and the figure for 1938 shows an increase of nearly 50% over four years ago.

Until a year or two ago, the annual average was about six-hundred a year, so that the figures for 1938 are nearly double the average of a few years ago.

The causes for which medical help was sought are set out below :—

FOR THE MOTHER.	District Nurse Midwives	Indepen- dent Midwives	Municipal Midwives	Unaffilia- ted Midwives	
<i>Pregnancy.</i>					
Presentation Undiagnosed	16	5	14	—	35
Threatened Abortion	27	2	34	—	63
Varicose Veins	1	—	—	—	1
Vaginal Discharge	3	—	2	—	5
Excessive Sickness	3	—	—	—	3
Oedema	20	4	6	1	31
Albuminuria	56	5	47	—	108
Post-maturity	3	1	—	—	4
Unsatisfactory Condition	116	42	47	1	206
<i>Labour.</i>					
Premature Birth	15	6	9	1	31
Delayed Labour	146	33	35	1	215
Placenta Praevia	2	—	2	—	4
Haemorrhage	36	3	15	1	55
Prolapse of Cord	2	1	1	—	4
Lacerated Perineum	116	17	71	1	205
Retained Placenta and Membranes	13	—	4	—	17
Contracted Pelvis	4	—	—	—	4
<i>Lying-in.</i>					
High Temperature	19	9	24	—	52
Unsatisfactory Condition	—	1	2	—	3
Sickness	2	—	—	—	2
Post Natal	—	—	4	—	4
<i>For the Child.</i>					
Deformities	4	—	3	—	7
Discharging Eyes	36	4	21	1	62
Feebleness	7	1	7	—	15
Unsatisfactory Condition	16	7	14	—	37
Rash	1	—	—	—	1
Spina Bifida	—	—	—	—	—
Jaundice	2	—	2	—	4
Stillbirth	1	—	—	—	1
	669	142	364	7	1182

ABORTION.

There has been a sharp rise in the number of cases of abortion. The following table shows the distribution by areas, and gives for comparison the figures for the previous four years :—

	1934.	1935.	1936.	1937.	1938
Workington Borough	.. 15	.. 12	.. 14	.. 15	.. 33
Whitehaven Borough	.. —	.. —	.. —	.. —	.. 1
Cockermouth Urban	.. 2	.. —	.. —	.. —	.. 1
Penrith Urban	.. 2	.. 2	.. 5	.. 4	.. 4
Alston Rural	.. —	.. 1	.. 1	.. —	.. 2
Border Rural	.. —	.. 3	.. 6	.. 2	.. 7
Cockermouth Rural	.. 1	.. 5	.. 4	.. 8	.. 8
Ennerdale Rural	.. 5	.. 7	.. 7	.. 9	.. 5
Millom Rural	.. —	.. —	.. —	.. 2	.. 1
Wigton Rural	.. 1	.. —	.. 2	.. 3	.. 1
Penrith Rural	.. —	.. —	.. 2	.. 2	.. —
Maryport Urban	.. 1	.. 1	.. 3	.. —	.. —
Totals	.. 27	.. 31	.. 44	.. 45	.. 63

I beg to draw the attention of the Committee to these figures, and once again to draw their attention to the remarkable position which the Borough of Workington always occupies in this table. There must be some explanation, and it is perhaps not very difficult to surmise what that explanation is. It is to be remembered that these figures are not the figures of the incidence of abortion in the County. They are the figures showing the number of occasions on which the midwife having been called in has summoned medical assistance. That abortion is much wider in its incidence than these figures show is well-known, and the unfortunate thing is, apart from the loss of infant life, which we can ill-afford, that abortion induced with skill under suitable conditions, and particularly if artificially produced by mechanical or other means in unskilled hands, is one of the most fruitful causes of ill-health among women who have been the subjects of abortion.

POST GRADUATE TRAINING OF MIDWIVES.

A very successful post graduate course was held in Carlisle, in March, 1938, by the local branches of the College of Nursing and the Midwives Institute. There were 10 lectures, and the total attendances were 604, an average of over 60 per lecture, which, considering the scattered nature of the County, was extremely creditable.

One midwife was sent by the County, and three by the County Nursing Association for post-graduate courses during the year. During the year lectures were given to the local branch of the Midwives Institute, three at Carlisle, and three at Whitehaven, as under :—

Dr. E. H. Craig	..	..	..	" Breast Feeding."
Dr. Victor Harris	..	..	..	" Uterine Inertia."
Dr. Maclaren	..	..	..	" Blood Pressure."
Dr. E. H. Aplett	..	..	..	" Midwifery Practice To-day and Yesterday."
Mr. Lucas	..	..	..	" The Treatment of Tuberculosis in the Hip and Spine." (Carlisle and Whitehaven).

ORTHOPAEDIC TREATMENT.

The work of the Orthopædic Department, as far as the treatment of school children is concerned, has already been dealt with in the Annual Report on the School Medical Service. The number of orthopædic cases arising in adults and children under school age is increasing yearly, and particularly there is an increase in the number of non-tubercular adults treated. This is, in fact, the side of the Orthopædic Service which offers the greatest scope for expansion of useful work, in that there are undoubtedly a considerable number of adults suffering from non-tubercular orthopædic conditions, who have not yet come under the wing of the Orthopædic Scheme.

During the year 125 cases of crippling conditions affecting children under five years of age were dealt with. The following is a list of the crippling conditions concerned :—

Tuberculosis	..	..	..	..	7
Hydrocephalus	..	..	..	..	2
Rickets	..	..	..	..	60
Congenital Dislocation of Hip	..	..	..	..	1
Torticollis	..	..	..	..	5
Infantile Paralysis	..	..	..	..	10
Birth Palsy	..	..	..	..	2
Talipes	..	..	..	..	3
Club Feet	..	..	..	..	6
Spina Bifida	..	..	..	..	2
Flat Foot	..	..	..	..	6
Scoliosis	..	..	..	..	1
Fragilitas Ossium	..	..	..	..	1
Other Conditions	..	..	..	..	19

There is no point calling for special comment in this list, except perhaps that the number of cases of rickets is considerably higher than for the previous year.

Of the foregoing list of cases, 10 received hospital treatment; the remainder being under the care of the Orthopædic Surgeon locally, and receiving their supervision or treatment, or after-care at their homes in Cumberland.

Forty-seven school children received treatment for tuberculosis of the bones and joints, fifteen of these being treated in hospital, and the remainder at home on frames or with splints or plaster.

Sixty-two adult cases of tuberculosis of the bones and joints were treated during the year. The number of cases so treated is steadily increasing. I do not think this means that there is an increase in the incidence of tuberculosis of bones and joints in adults, but rather that more cases are referred by hospitals and private practitioners to the Orthopædic Section. The conditions during the year were as under :—

Spine	..	..	..	..	..	..	28
Knee	..	..	..	..	..	..	8
Hip	..	..	..	..	..	..	12
Sacro-Iliac Joint			..	..	..	..	5
Feet	..	..	..	..	..	..	7
Thigh	..	..	..	..	..	..	1
Wrist	..	..	..	..	..	..	1
							<hr/> 62 <hr/>

Twenty-five cases received hospital treatment. The hospital treatment of surgical tuberculosis, particularly in adults, is prolonged and costly, and the later these cases come under observation, the more prolonged and costly, and in the end the less satisfactory, is the treatment provided.

We have been fortunate in being able to obtain the necessary beds for these cases at the Shropshire Orthopædic Hospital, with comparatively little delay.

With regard to adult non-tuberculous cripples—which matter formed the subject of a special report in 1935—we have dealt with 35 cases during the year. A number of these received hospital treatment at the Shropshire Orthopædic Hospital, the Public Assistance Committee-being liable for maintenance. After-care is dealt with by the Orthopædic Department in the usual way. Appliances are provided by the Public Assistance Committee. I have often said that I think it would be a much more satisfactory arrangement if the Health Committee would undertake liability for all crippling conditions, whatever their nature, and whatever the age of the patient. Such an arrangement would not increase the cost, and although the present arrangements work smoothly enough, there is an unnecessary complication in more than one department being concerned.

Fortunately the limited epidemic of Infantile Paralysis, which occurred during 1937, did not continue to any appreciable extent beyond the early months of 1938. It is now possible to assess, with some degree of accuracy, the ultimate results of this epidemic, in which, through the co-operation of the Medical Superintendent of the Ethel Hedley Hospital, expert in-patient hospital treatment was provided immediately following the diagnosis of the condition. Of the cases which occurred, one remains severely paralysed, but the majority have made a complete or almost complete recovery, and only one or two show any prospect of being seriously handicapped. Contrast the epidemic of 1911, which left a trail of tragedy in its wake, and, indeed, compare the results of the minor epidemics and spasmodic cases which occurred up to about 1925, when the Orthopædic Scheme had become thoroughly organised, and by contrast with these earlier cases the results of the recent epidemic stand out in marked and happy contrast.

Another informal review of results concerning tuberculosis of bones and joints in adults has shown a very satisfactory position. Out of some 50 cases taken at random, which have been discharged from hospital within the last three years—in many cases after two or three years in hospital, and after severe operative measures, such as Albee operations—only six have died, and only four are not fit to work. Actually over thirty cases are at work, and five or six more could work if work could be found. As a typical example, one case of tuberculosis of the spine is a farmer who farms his own land, takes his normal share in manual labour, and has not had any relapse of any kind since resuming work two years ago.

The number of cases of Congenital Talipes (club feet) notified during the year was rather unusual. There were six such cases, and three of these had a curious coincidence attached to them. All three mothers were of almost exactly the same age, in each case the woman had had her first child seven years previously, and in each case this second child was born with a very severe degree of club foot.

One interesting case of Spina Bifida has done remarkably well following operative treatment. Operative treatment of this condition is, of course, generally realised to be one of great difficulty.

TREATMENT OF FRACTURES.

The problem of establishing an organised Fracture Scheme for the area as a whole has, unfortunately, made little progress. Various meetings have been held of interested parties, but two main factors have created difficulty.

The first is that the theatre provision at the Cumberland Infirmary is so heavily taxed already that to add another operating specialist to the staff would be an impossibility. It may be hoped that this difficulty will be got out of the way before too long, because it is agreed that the provision of the theatre at the Cumberland Infirmary is to have priority over other buildings. This would, of course, leave the question of beds still, to some extent, a problem, but would certainly get the most difficult obstacle out of the way.

The second main problem which has held up the immediate establishing of a temporary scheme for the area has been the question of finance. It will be appreciated that if any person with suitable qualifications is to carry on the duties of Fracture Surgeon throughout the area for a temporary period, he must be adequately remunerated, and the difficulties in connection with the raising of the necessary money remain at the moment unsolved.

It had been hoped that the money promised by the Nuffield Trustees would have been available to bridge over this temporary period, but this has not proved to be the case.

DENTAL SERVICES.

Report of the Senior Dental Officer.

To the County Medical Officer.

SIR,

I beg to report as follows for the year 1938 :—

As formerly treatment has been carried out under the three main services—Maternity and Child Welfare, Tuberculosis, and Public Assistance—the majority of the cases requiring complete clearance of all teeth and subsequently full dentures. While the patients referred under two headings (Public Assistance and Tuberculosis) are practically the same in number as the previous year, the Maternity and Child Welfare cases show an increase of roughly 20 per cent. Probably this is due to medical practitioners in the County becoming better acquainted with the service, and consequently paying more attention to this side of Ante-natal care. It is to be regretted, however, that a large proportion of these patients do not avail themselves of the opportunity. This is due in some cases to their being referred too short a time before confinement, and any measure taken to avoid this would be a great advantage.

It is satisfactory to note that the arrears of dentures are now fully made up, all areas being up-to-date. It must be borne in mind, however, that all cases have to wait at least six months after extractions are completed before impressions are taken. To avoid any confusion this waiting period is controlled by the central office, the dental officers being notified at the beginning of each month which cases are due for impressions.

The statistical table has been altered from previous years, as it is felt that this did not give a true picture of the year's progress, as the number of cases *treated* included those brought forward from the previous year, and those carried forward to the next year, which resulted in nearly 50 per cent. of the cases being counted twice. The actual figures for this carry over are shown in the table given. The figures of real importance are the number referred and the number completed during the year, and these are now shown.

I have the honour to be, Sir,

Your obedient Servant,

A. C. S. MARTIN,

Senior Dental Officer.

A.—RECORD OF CASES.

Service.	Cases brought forward		Cases Referred.		Treatment cancelled.		Treatment completed		Cases carried forward	
	from 1937.		in 1938.				in 1938.		to 1939.	
Ante-Natal	..	113	..	316	..	139	..	171	..	119
Public Assistance		254	..	344	..	43	..	367	..	188
Tuberculosis	..	6	..	17	..	4	..	8	..	11
Blind, etc.	..	—	..	2	..	—	..	1	..	1
Total	..	373	..	679	..	186	..	547	..	319

B.—RECORD OF WORK.

Service.	Anaesthetics.									
	Fillings.		Extractions.		General		Local.		Dentures.	
Ante-natal	..	16	..	1572	..	15	..	250	..	215
Public Assistance		8	..	2870	..	6	..	412	..	681
Tuberculosis	..	—	..	66	..	—	..	16	..	9
Blind, etc.	..	2	..	20	..	2	..	12	.	1
Total	..	26	..	4528	..	23	..	690	..	906

SANITARY CIRCUMSTANCES OF THE AREA

(A) HOUSING.

HOUSING (RURAL WORKERS) ACTS, 1926 & 1938.

The position at the 31st March, 1939, in this matter is that applications have been made to the County Council for grants or loans in respect of 1,203 dwellings. Of these 121 were for the conversion of buildings not previously used as dwellings into dwellings, and 1,082 for improvements to existing dwellings.

Of the foregoing the County Council have promised assistance in respect of 1,154 dwellings, including 16 dwellings in which assistance has been promised to other Local Authorities under Section 38 (1) of the Housing Act, 1935. Applications withdrawn by applicants involve 115 dwellings. The number of dwellings in respect of which applications were refused by the Council was 48. The total number of dwellings in respect of which applications have been approved, and not withdrawn is, therefore, 1,039.

Grants, amounting to £81,174, have been approved by the County Council in respect of the 1,039 dwellings referred to, and grants amounting to £57,070 have actually been paid to date in respect of 764 completed dwellings. In the case of a further 159 dwellings, the works have been commenced, but not yet finished.

The County Council have also agreed to grant assistance by way of loans, amounting to £475, in respect of 14 dwellings.

(B) WATER AND SEWERAGE.

I am again much indebted to Dr. Towers for the preparation of the detailed schedules which follow, showing the progress of water and sewerage schemes throughout the County. These schedules contain much important information, and will repay careful study.

The general conditions governing financial assistance by the County Council, which have been fully explained in earlier reports, remain unaltered.

In all, up to the end of 1938, 135 applications for grants in aid have been received from local authorities—exclusive of a few applications in respect of schemes previously completed.

Of the 135 applications, 29 were received during the year 1938. It will be noted that 23 of the 29 applications in 1938 dealt with sewerage schemes. Twenty-three water schemes, and 60 sewerage schemes have now been approved by the County Council for grant. Only 2 new water schemes were approved during the year. A certain number of the applications were deferred for further investigation.

The total approximate estimated cost of the approved schemes to the end of the year is :—

Water—£183,900 Sewerage—£227,000.

and of the deferred schemes :—

Water—£86,100 Sewerage—£61,000.

These figures show a total estimated cost of £558,000 to the end of the year.

With regard to actual progress, a reference to the tables will show that 58 schemes are completed, and 11 in progress—a total of 69 schemes completed or in progress, compared with 55 at the end of 1937, and compared with 33 at the end of 1936, and 8 at the end of 1935. The schedules which follow review the present position of all schemes submitted since the commencement of these schemes in 1934.

TABLES.

1.—NUMBER OF SCHEMES SUBMITTED TO THE COUNTY COUNCIL FOR GRANT-IN-AID.

	1934	1935	1936	1937	1938	Total
(a) Sewerage	17	15	17	16	23	88
(b) Water	22	4	9	6	6	47
	39	19	26	22	29	135

2.—RESULT OF APPLICATION TO COUNTY COUNCIL FOR GRANT.

	<i>Approved</i>	<i>Not Approved</i>	<i>Deferred for further consideration</i>	<i>Total</i>
(a) Sewerage ..	60	13	15	88
(b) Water ..	23	14	10	47
	83	27	25	135

3.—POSITION OF APPROVED SCHEMES.

	<i>Approved</i>	<i>Completed</i>	<i>In Progress</i>	<i>Not Com- menced</i>	<i>Abandoned, Deferred, etc., after Approval</i>
(a) Sewerage	60	39	10	9	2
(b) Water ..	23	19	1	—	3
	83	58	11	9	5

4.—POSITION OF DEFERRED SCHEMES.

	<i>Deferred</i>	<i>Abandoned</i>	<i>Remaining De- ferred for further con- sideration, etc.</i>
(a) Sewerage	15	1	14
(b) Water	10	2	8
	25	3	22

**Progress of Sewerage Schemes submitted for
Financial Assistance up to the end of 1937.**

SUMMARY

Authority.	Ref. No.	Nature of Scheme.	If Approved by County Council.	Stage reached by end of 1938.	Remarks.	Year submitted.
ALSTON R.D.C.	S. 2	Sewerage and Sewage Disposal, NENTHEAD	Yes	In progress		1936
	S. 4	Do. ALSTON	Yes	In progress		1936
	S. 5	Do. GARRIGILL	Yes	In progress		1936
BORDER R.D.C.	S. 21	Do. LAVERSDALE	Yes	Completed		1934
	S. 24	Do. NEWBY	Yes	Completed		1934
	S. 23	Do. IRTHINGTON	Yes	Not commenced		1934
	S. 53	Do. ARTHURET	No			1934
	S. 22	Do. FAUGH	No		Completed without grant	1934
	S. 52	Do. HETHERSGILL	Yes	Completed		1934
	S. 25	Do. LOW ROW	Deferred	Deferred		1934
	S. 133	Do. BURGH	Yes	Completed		1935
COCKERMOUTH R.D.C.	S. 134	Do. CUMMERSDALE	Yes	Completed		1935
	S. 22	Do. FAUGH	No		Amended from S 22 of 1934 q. v. and re-submitted	1937
	S. 117	Do. CAMERTON	Yes	Completed		1934
	S. 118	Do. DEANS CALES	Yes	Do.		1934
	S. 119	Do. BRAITHWAITE	Yes	Do.		1934
	S. 120	Do. BOTHEL	Yes	Do.		1934
	S. 121	Do. GREYSOUTHEN	Yes	Do.		1934
	S. 123	Do. DEARHAM	Yes	Do.		1935
	S. 147	Do. PAPCASTLE	Yes	Do.		1935
	S. 146	Do. EAGLESFIELD	Yes	Do.		1935
	S. 145	Do. PORTINS CALE	Yes	Do.		1935
	S. 124	Do. BIRKBY	Yes	Do.		1935
	S. 148	Do. BLIND CRACK	Yes	Do.		1936
	S. 149	Do. PLUMBLAND	Yes	Do.		1936
	S. 150	Do. GILCRUX	Yes	Do.		1937
	S. 151	Extending Sewer to BRIGHAM	Yes	Do.		1937
	S. 152	New Works at BRIDENKIRK	Yes	Do.		1937
	S. 153	Do. TALLANTIRE	Yes	Do.		1937
	S. 154	Do. LORTON	Yes	Do.		1937
	S. 155	Sewerage and Sewage Disposal PARDSHAW	Yes	Do.		1937
	S. 156	Do. ROSTHWAITE	Yes	Do.		1937
	S. 157	Do. STONETHWAITE	Yes	Do.		1937
	S. 105	Do. GOAT AREA	No			1936
COCKERMOUTH U.D.C.	S. 105	Do. GOAT AREA	No			1934
ENNERDALE R.D.C.	S. 64	Do. GOSFORTH	Yes	Completed		1934
	S. 11	Do. ROWRAH	Deferred	Abandoned	Now included in S. 168 q.v.	1934
	S. 65	Do. ST. BRES	Yes	Not Commenced		1934
	S. 62	Do. CALDER BRIDGE	Yes	Completed		1934
	S. 69	Do. HAILE	Yes	Completed		1935
	S. 68	Do. WEDDICAR	Yes	In Progress		1935
	S. 165	Do. EGREMONT	Yes	Not Commenced		1935
	S. 168	New Works at ARLEDON and FRIZINGTON	Deferred	Deferred		1937
KESWICK U.D.C.	S. 91	Storm Overflow and Filter Beds	No			1934
	S. 92	New Works at HIGH BRIERY	No			1937
WIGTON R.D.C.	S. 79	Sewerage and Sewage Disposal THURSDY	Yes	Completed		1935
	S. 85	Do. HAYTON	Yes	Do.		1935
	S. 86	Do. BOLTON LOW HOUSES	Yes	Do.		1935
	S. 89	Do. WEST NEWTON	Yes	Do.		1936
	S. 170	Do. HOLME ABBEY	Yes	In Progress		1936
	S. 171	Do. KIRKBRIDE	Yes	In progress		1936
	S. 172	Do. BLENNERHASSET	Yes	Completed		1936
	S. 174	Additional Plant, ASPATRIA	Yes	Completed		1937
	S. 175	Sewerage Works, NEWTON ARLOSH	Yes	In Progress		1937
	S. 201	Extension of Sewer at PORT CARLISLE	Yes	Completed		1937
PENRITH U.D.C.	S. 140	New Sewerage Works to Augment Existing Scheme	Yes	Completed	Originally "not approved," re-considered	1935
PENRITH R.D.C.	S. 126	Improving Disposal Works, LAZONBY	Deferred	Deferred		1937
MILTON R.D.C.	S. 114	Sewerage and Sewage Disposal, THE HILL, MILTON	Yes	Abandoned	Following a Clearance Order	1935
	S. 183	Extension of HAVERIGG ROAD SEWER	Yes	Deferred	Special Commissioner Reluses Grant	1936
	S. 180	Do. SEWER, MAIN GATE ROAD	No			1936
	S. 179	Drainage of CROOKS POOL	No			1936
	S. 176	New Sewer at RAVENGLASS	No			1936
WHITEHAVEN M.B.	S. 192	Sewerage and Sewage Disposal, KILLS	No			1936
	S. 191	Do. SCILLY BANKS	No			1936
	S. 190	Do. HENSINGHAM	No			1936
WORKINGTON M.B.	S. 81	Sewerage System, STAINBURN	No		Too small a rate-charge involved	1937

Progress of Sewerage Schemes submitted for Financial Assistance during 1938.

Authority.	Ref. No.	Nature of Scheme.	If Approved by C.C.	Estimated Capital Cost	Amount of C.C. Grant.	Stage reached by end of 1938.	Ref. to Minutes.	Remarks.
COCKERMOUTH R.D.C.	.. S. 221	.. Extending Existing System, BROUGHTON CROSS ..	Yes ..	£864 ..	£173 Capital Grant or Equivalent	.. Completed	.. Vol. 50, p. 188 ..	—
	S. 225	.. Extending Sewer at CROSSBARROW ..	Deferred ..	£575 ..	—	.. Deferred	.. Vol. 50, p. 737 ..	Pending Decision of S. Commissioner
	S. 158	.. Sewering and Disposal Works, REDMAIN ..	Yes ..	£1765 ..	£353 Capital Grant or Equivalent	.. Completed	.. Vol. 50, p.p. 187, 734 ..	—
	S. 159	.. Do. do. SUNDERLAND ..	Yes ..	£1603 ..	£321 Do.	.. Completed	.. Vol. 50, p.p. 188, 404 ..	—
	S. 222	.. Do. do. DEAN ..	Yes ..	£2870 ..	£574 Do.	.. In progress	.. Vol. 50, p. 735 ..	—
	S. 223	.. Do. do. ULLOCK ..	Yes ..	£2753 ..	£551 Do.	.. In progress	.. Vol. 50, p. 736 ..	—
	S. 224	.. Do. do. UNDERSKIDDAW ..	Yes ..	£6326 ..	£1265 Do.	.. In progress	.. Vol. 50 p, 736 ..	—
	S. 226	.. Do. do. HARKER MARSH ..	Deferred ..	£1696 ..	—	.. Deferred	.. Vol. 50, p. 1154 ..	—
WIGTON R.D.C.	.. S. 203	.. Do. do. TORPENHOW ..	Yes ..	£2440 ..	£480 Do.	.. Not commenced	.. Vol. 50, p.p. 196, 409 ..	—
	S. 205	.. Do. do. ULDALE, IREBY ..	Yes ..	£3780 ..	£756 Do.	.. Not commenced	.. Vol. 50, p.p. 197, 410 ..	—
	S. 207	.. Do. do. CALDEECK, HESKFT- NEW-MARKET ..	Yes ..	£11200 ..	£2,240 Do.	.. Not commenced	.. Vol. 50, p. 198 ..	—
	S. 208	.. Do. do. MOWERAY, BECKFOOT	Deferred ..	£5305 ..	—	.. Deferred	.. Vol. 50, p. 1,158 ..	For Report of Officials.
	S. 209	.. Do. do. LITTLE BAMPTON ..	Yes ..	£5785 ..	£1,157 Do.	.. Not commenced	.. Vol. 50, p. 1,158 ..	—
MILLOM R.D.C.	.. S. 187	.. Do. do. DRIGG, HOLMROOK ..	Deferred ..	£7900 ..	—	.. Deferred	.. Vol. 50, p. 1,156 ..	Pending Completion of Water Scheme.
	S. 189	.. Do. do. ESKDALE GREEN ..	Deferred ..	£5800 ..	—	.. Deferred	.. Vol. 50, p. 1,157 ..	Do. do.
	S. 188	.. Extending Sewerage at RAVENGLASS ..	Deferred ..	£1930 ..	—	.. Deferred	.. Vol. 50, p. 1,156 ..	Do. do.
	S. 266	.. Sewering Southern Part of SEASCALE ..	Deferred ..	£5785 ..	—	.. Deferred	.. Vol. 50, p. 1,158 ..	Do. do.
PENRITH R.D.C.	.. S. 128	.. Extension of Sewer at GREYSTOKE ..	Deferred ..	£3375 ..	—	.. Deferred	.. Vol. 50, p. 739 ..	For Revised Proposals.
	S. 129	.. Sewering and Disposal Works, SKIRWITH ..	Deferred ..	£4110 ..	—	.. Deferred	.. Vol. 50, p. 739 ..	Do.
	S. 251	.. Do. do. KIRKOSWALD ..	Deferred ..	£3625 ..	—	.. Deferred	.. Vol. 50, p. 740 ..	Do.
BORDER R.D.C.	.. S. 137	.. Do. do. DALSTON ..	Yes ..	£10000 ..	£2,900 Do.	.. Not commenced	.. Vol. 50, p. 1,149 ..	—
	S. 138	.. Do. do. THURSTONFIELD ..	Yes ..	£3120 ..	£880 Do.	.. Not commenced	.. Vol. 50, p. 1,150 ..	Linking Kirkbampton in Wigton R.D.C.
ENNERDALE R.D.C.	.. S. 237	.. Extending and Improving Sewerage, BECKERMET ..	Deferred ..	£3550 ..	—	.. Deferred	.. Vol. 50, p. 1,155 ..	—

Progress of Water Schemes submitted for
Financial Assistance up to the end of 1937.
SUMMARY.

Authority.	Ref. No.	Nature of Scheme.	If Approved by County Council.	Stage reached by end of 1938.	Remarks.	Year sub- mitted.
ALSTON R.D.C.	.. W. 3	..Supply to NENTHEAD AND GARRIGILL ..	Yes	..Completed ..	—	1934
BORDER R.D.C.	.. W. 28	..New Works at LANERCOST ..	Yes	..Completed ..	—	1934
	W. 132	..Supply to ARTHURET, ASKERTON, BEWCASTLE &C.	Yes	..In progress ..	—	1934
	W. 130	.. Do. RAUGHTON HEAD, DALSTON, &C. ..	Yes	..Abandoned ..	R.D.C. Declined Grant ..	1934
	W. 131	.. Do. KINGMOOR ..	No	.. — ..	Undertaken without Grant ..	1934
	W. 50	.. Do. KINKERY HILL ..	No	.. — ..	—	1934
	W. 51	.. Do. SCUGG GATE ..	No	.. — ..	—	1934
	W. 26	.. Do. ULLERBANK (Extended) ..	No	.. — ..	—	1934
	W. 135	.. Do. CUMREW ..	Yes	..Abandoned ..	W. 136 Substituted in 1937 ..	1936
	W. 136	.. Do. CUMREW ..	Yes	..Completed ..	—	1937
COCKERMOUTH R.D.C.	.. W. 115	.. Do. PARISH OF LORTON ..	Yes	..Completed ..	—	1934
	W. 116	.. Do. BOTHEL, REDMAIN, &C. ..	Yes	..Completed ..	—	1934
	W. 122	.. Do. PARISH OF WINSKALES ..	Yes	..Completed ..	—	1935
COCKERMOUTH U.D.C.	.. W. 105	..Improved Service to High Parts of Area ..	..Deferred	..Abandoned ..	—	1934
	.. W. 107	..Extending Urban Supply ..	..Deferred	..Deferred ..	—	1937
ENNERDALE R.D.C.	.. W. 60	..Additional Main to GOSFORTH ..	Yes	..Abandoned ..	Need met by other means ..	1934
	W. 66	..Supply to MORESBY ..	..Deferred	..Abandoned ..	Revised Scheme Awaited ..	1934
	W. 67	..Extension to ENNERDALE VILLAGE ..	Yes	..Completed ..	—	1935
	W. 166	..Supply to ARLECDON AND FRIZINGTON ..	Yes	..Completed ..	—	1936
	W. 167	..Extending Supply to PARTON ..	..Deferred	..Deferred ..	Special Commissioner Refuses Grant. ..	1937
WORKINGTON M.B.	.. W. 80	..Extension of Main ..	Yes	..Completed ..	—	1934
WIGTON R.D.C.	.. W. 77	..Supply to the HOLMES ..	Yes	..Completed ..	—	1934
	W. 45	..Extending Main, BLOOMING HEATHER ..	Yes	..Completed ..	—	1934
	W. 78	..Supply to PARISH OF WESTNEWTON ..	Yes	..Completed ..	—	1935
	W. 173	.. Do. AIKTON, WAVERTON ..	Yes	..Completed ..	—	1936
	W. 88	.. Do. LONGLANDS ..	No	.. — ..	—	1936
	W. 87	.. Do. CRANKLANDS ..	No	.. — ..	—	1936
KESWICK U.D.C.	.. W. 90	..Filtration Plant, ..	No	.. — ..	Not the type of work to qualify for grant ..	1934
MILLOM R.D.C.	.. W. 112	..Supply to VILLAGE OF LADYHALL ..	Yes	..Completed ..	—	1934
	W. 111	.. Do. PARISH OF ESKDALE ..	..Deferred	..Deferred ..	—	1934
	W. 110	..Renovating Works at DRIGG ..	No	.. — ..	Question of Maintenance ..	1934
	W. 113	..Supply to PARISH OF IRTON..	Yes	..Completed ..	—	1934
	W. 181	..Enlarging Pipe to DRIGG CAMP ..	No.	.. — ..	Scheme too small ..	1936
	W. 188	.. Do. SILECROFT CAMP ..	No	.. — ..	Do. ..	1936
	W. 177	..Extension of Main at THE GREEN ..	..Deferred	..Deferred ..	—	1936
	W. 178	..Supply to BOOTLE, DRIGG, &C. ..	..Deferred	..Deferred ..	—	1936
	W. 184	..Extending Supply to BOOTLE ..	No	.. — ..	Rate charge too small ..	1937
	W. 185	..Work on Mains at MILLOM WITHOUT ..	No	.. — ..	Not suitable ..	1937
PENRITH U.D.C.	.. W. 125	..Extension, AINSTABLE, HESKET, DACRE, HUTTON	Yes	..Completed ..	—	1934
PENRITH R.D.C.	.. W. 127	..Enlarging Tank at CULGAITH ..	No	.. — ..	Rate charge too small ..	1937
MARYPORT U.D.C.	.. W. 160	..New Main at FLIMBY ..	Yes	..Completed ..	—	1935



Progress of Water Schemes submitted
for Financial Assistance
during 1938.

<i>Authority.</i>	<i>Ref. No.</i>	<i>Nature of Scheme.</i>	<i>If Approved by County Council.</i>	<i>Estimated Capital Cost.</i>	<i>Amount of C.C. Grant.</i>	<i>Stage reached by end of 1938.</i>	<i>Reference to Minutes.</i>	<i>Remarks.</i>
ENNERDALE R.D.C.	.. W. 169	.. Improving Supply to Parish, ST. BEES	.. Yes	.. £1800	.. £289 Capital Grant or Equivalent	.. Completed	.. Vol. 50, p.p. 192, 1154..	---
	W. 236	.. Extending Supply, ARLECDON & FRIZINGTON	.. Yes	.. £485	.. £140 Do.	.. Completed	.. Vol. 50, p. 738 ..	---
WIGTON R.D.C.	.. W. 202	.. Supply to TORPENHOW AND KIRKLAND	.. Deferred	.. £2600	.. —	.. Deferred	.. Vol. 50, p. 196 ..	For Report of County Surveyor
	W. 204	.. New Works for Supplying ULDALE AND IREBY	.. Deferred	.. £6250	.. —	.. Deferred	.. Vol. 50, p. 196 ..	Do. do.
	W. 206	.. Supply to CALDBECK AND HESKET-NEW-MARKET	Deferred	.. £11400	.. —	.. Deferred	.. — ..	---
MILLOM R.D.C.	.. W. 186	.. Renewal of Mains, PARISH OF MILLOM	.. No	.. £4100	.. —	.. —	.. — ..	---



INSPECTION AND SUPERVISION OF FOOD.

FOODS OTHER THAN MILK.

A reference to Appendix " C " (the Report of the County Analyst), will show the work undertaken during the year in the chemical analysis of foods other than milk, for the purpose of ascertaining adulteration, if any.

MILK.

During the year, actually on the 1st April, the Veterinary Officers employed by the County Council passed as a body into the service of the Ministry of Agriculture, under the provisions of the Agriculture Act, 1937. From that date, *i.e.*, for the last nine months of the year, the work previously carried out by the County Veterinary Officer and his Staff in respect of milk sampling and other matters relative thereto concerned with the issue and renewal of licences, was transferred to the department of the Clerk of the County Council and to the County Health Department.

The supervision of the actual arrangements concerned with milk sampling and the administration thereof, are now in the hands of the County Medical Officer. This transference of duties is, as was pointed out last year, a direct result of the recent legislation referred to, and although the issuing of licences remains in the hands of the County Council, yet equity demands that information relative thereto shall be obtained not merely by the County Council themselves through milk sampling, and in certain ways, but also from the Officers of the Ministry of Agriculture and from local Sanitary Authorities. These rather complicated arrangements have worked fairly smoothly.

MILK AND DAIRIES (CONSOLIDATION) ACT, 1915.

During the year one complaint was received from an outside County regarding milk produced in the County. The herd involved was a Tuberculin Tested herd.

In addition to this case, milk sampling in the County Area led to the detection of a further fifteen cases of tuberculous infected milk, making a total of 16, as compared with 24 for the previous year. The number of herds involved in these samples was 29.

Investigations produced the following results. In seven cases the cow or cows responsible were detected. In four cases the animal believed to have been responsible for the infection was slaughtered or removed from the herd before the examination of the herd was carried out. In four cases no definite source could be discovered. In at least one of these cases accommodation milk was being purchased from various sources, and it is possible that this accommodation milk was responsible for the infection. No proper records of the source of this milk were available. The remaining case was pending at the end of 1938.

Control samples were taken in each of the fifteen cases after the investigation was completed, and in each case these were reported on as negative for tubercular organisms.

The positive reports included two school supplies, but the animals responsible were detected immediately and slaughtered.

MILK SAMPLING.

The arrangements for milk sampling detailed in the Annual Report of the County Veterinary Officer for 1936 were continued during the year. The majority of the Sanitary Authorities continued to co-operate very satisfactorily in this difficult problem of milk sampling. One or two failed to take the necessary number of samples as outlined in the quota.

During the year a total of 2,194 samples were taken under the Joint Scheme of Milk Sampling. This number includes those taken from the milk produced at farms licensed under the Milk (Special Designations) Orders, and also samples taken from school and institution supplies, which came both from graded and ungraded farms. The results of the sampling in the two latter classes are shown later in this report.

603 samples from ungraded supplies were dealt with during the year.

The following Table shows the number of samples which reached the Accredited standard, and the number which fell below that standard :—

TABLE 1.

		<i>Accredited Standard.</i>		<i>Below Accredited Standard.</i>		<i>Total.</i>
RURAL AREAS.						
Alston	.. ..	16	.. ..	22	.. ..	38
Border	.. ..	15	.. ..	24	.. ..	39
Cockermouth	.. ..	35	.. ..	72	.. ..	107
Ennerdale	.. ..	58	.. ..	85	.. ..	143
Millom	.. ..	16	.. ..	25	.. ..	41
Penrith	.. ..	23	.. ..	44	.. ..	67
Wigton	.. ..	15	.. ..	33	.. ..	48
URBAN AREAS.						
Cockermouth	.. ..	3	.. ..	7	.. ..	10
Keswick	.. ..	4	.. ..	10	.. ..	14
Maryport	.. ..	4	.. ..	20	.. ..	24
Penrith	.. ..	3	.. ..	8	.. ..	11
BOROUGHES.						
Workington	.. ..	17	.. ..	32	.. ..	49
Whitehaven	.. ..	3	.. ..	9	.. ..	12
		212 (36%)	.. ..	391 (64%)	.. ..	603

Of the 2,194 samples collected during the year under the Joint Scheme, 1,221 were also submitted to a biological examination. Of these, 15 were found to contain tubercle.

The following table shows the percentage of positive samples for the previous five years :—

TABLE II.

<i>Year.</i>	<i>Number of Samples submitted to the Biological Test.</i>			<i>Percentage Positive for Tubercle.</i>		
1938	1221	.. ..	.. ..	1.2%	
1937	1315	.. ..	.. ..	1.5%	
1936	728	.. ..	.. ..	1%	
1935	569	.. ..	.. ..	2.3%	
1934	515	.. ..	.. ..	2.1%	

It would seem to be now fairly clearly established that the percentage of positive tubercle samples is now substantially below the figures of four or five years ago, being between 1 and 1.5%.

MILK (SPECIAL DESIGNATIONS) ORDERS, 1936 and 1938.

The results of milk sampling during the year 1938, unfortunately, showed a definite deterioration in the cleanliness of the milk samples taken from Graded herds throughout the area.

After detailed and careful investigation of a number of cases, the Milk and Dairies Committee, at the end of the year, decided to withhold the renewal of licences in eight cases, pending the production of two consecutive satisfactory samples at the producers expense. Warning letters were also issued in a number of other cases. It may be well here to recall that, on the instructions of the Milk and Dairies Committee, when two consecutive samples from any producer are unsatisfactory as shown by laboratory examination, the attention of the producer is drawn to the position, and facilities are offered for consultation and advice from the Principal of the Cumberland and Westmorland Farm School, at Newton Rigg, and his Staff. If there should be a third consecutive unsatisfactory sample received, an advisory visit is usually arranged without further delay—the farmer in every case already having been notified as above, that such action will be taken. Forty-seven such advisory visits were paid during the year.

At the end of 1938, there were 70 premises licensed to produce Tuberculin Tested milk, and 315 licensed to produce Accredited milk, as compared with 51 and 303 respectively for 1938.

MILK SUPPLIES TO SCHOOLS AND PUBLIC INSTITUTIONS.

The arrangements made in the County for the supply of milk to schools was continued as in 1937. Considerable difficulties was experienced as in previous years, in obtaining supplies for small country schools, as the payment received for small quantities does not compensate for the trouble and expense involved. During the year 215 samples were examined for cleanliness. Of these, 145 reached Accredited standard, and 70 fell below that standard.

VETERINARY INSPECTION OF DAIRY HERDS.

I am indebted to the Divisional Inspector of the Ministry of Agriculture (Mr. Cameron), for the following figures, relative to the results of the inspection of dairy herds, and

also the number of cattle which have been slaughtered under the Tuberculosis Order in the County, which he has kindly permitted me to include in this report. These figures relate, of course, only to the period April 1st to December 31st, 1938.

No. of Confirmed cases of Tuberculosis—122.

CLINICAL INSPECTION OF DAIRY HERDS.

<i>Class of Herd.</i>	<i>No. of Herd Inspections</i>	<i>No. of Cattle Examined.</i>	<i>No. of Cattle dealt with under the Tuberculosis Order</i>
" Tuberculin Tested " ..	127	.. 9,666	.. Nil.
" Accredited " ..	912	.. 23,345	.. 17
Non-designated ..	1309	.. 13,489	.. 27

TUBERCULIN TESTING OF "TUBERCULIN TESTED HERDS.

No. of Cattle tested ..	..	..	11,141
No. of Reactors found ..	..	..	176

CHEMICAL AND BACTERIOLOGICAL EXAMINATION OF FOOD.

The chemical analysis of milk, other foods and water, required by the County Council, is undertaken by the County Analyst at his Laboratory at Darlington. The bacteriological examination of milk and water is undertaken at the Pathological Department of the Cumberland Infirmary. Occasionally also bacteriological examinations of samples of other foods—for example shell-fish for sewage contamination—are undertaken for the County Council at the Cumberland Infirmary Pathological Department.

STATEMENT SHOWING THE NUMBER OF TUBERCULIN TESTED LICENCES IN EACH DISTRICT
AT THE END OF THE YEAR, 1938, WITH THE RESULTS OF MILK SAMPLING.

Sanitary District.	Samples taken.			
	Licences Issued.	Number taken.	Tuberculin Tested Standard.	Below Standard.
Alston R.D.C.	..	1	1	..
Border R.D.C.	..	103	83	20
Cockermouth R.D.C.	..	46	29	17
Ennerdale R.D.C.	..	29	26	3
Millom R.D.C.	..	1	—	1
Penrith R.D.C.	..	36	29	7
Wigton R.D.C.	..	44	21	23
Cockermouth U.D.C.	..	—	—	—
Keswick U.D.C.	..	—	—	—
Maryport U.D.C.	..	—	—	—
Penrith U.D.C.	..	12	9	3
Whitehaven Borough	..	3	1	2
Workington Borough
	70	275	199	76

Note.—The only diseases found in these herds were—
1 case of Tuberculosis of the Udder. ~~1 case of Mastitis.~~
1 case of Mastitis.

STATEMENT SHOWING THE NUMBER OF ACCREDITED LICENCES IN OPERATION AT THE END OF 1938, IN EACH SANITARY DISTRICT
WITH THE RESULTS OF MILK SAMPLING AND CLINICAL EXAMINATIONS OF THE HERDS.

Sanitary District.	Licences Issued.	Number taken.	Samples taken.			Cases of Tuberculosis Detected on Veterinary Examination or Reported.				OTHER CONDITIONS
			Accredi- ted Standard.	Below Standard.	Tubercu- lous	T.B. Udder.	T.B. Emacia- tion.	Chronic Cough, &c.	Atrophy, Mastitis Induration Non-T.B., etc.	
Alston R.D.C. ..	2	..	..	..	—	..	..	..	..	..
Jborder R.D.C. ..	123	423	281	142	7	5	2	15	79	..
Cockermouth R.D.C. ..	33	134	70	64	1	..	..	1	2	..
Ennerdale R.D.C. ..	26	76	57	19	1	1	..	6	40	..
Millom R.D.C. ..	16	58	45	13	..	2	..	3	28	..
Penrith R.D.C. ..	19	67	39	28	..	..	1	1	1	..
Wigton R.D.C. ..	70	324	192	132	2	4	2	6	33	..
Cockermouth U.D.C. ..	2	6	2	4	1	..	..	..	..	..
Keswick U.D.C. ..	Nil.	Nil.	Nil.	Nil.	..	..	..	..	..	..
Maryport U.D.C. ..	4	12	7	5	..	..	..	..	..	..
Penrith U.D.C. ..	1	3	..	3	..	..	..	..	..	..
Whitelaven Borough ..	14	65	41	24	..	..	..	..	12	..
Workington Borough ..	4	10	8	2	..	..	..	1	4	..
	314	1178	742	436	12	12	5	33	..	199

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

During the year the Infectious Diseases Hospitals' scheme promoted by the County Council under Section 63 of the Local Government Act, 1939, received the approval of the Ministry of Health. The scheme provides that the Administrative County shall be divided into three districts :—

No. 1 district includes—Whitehaven and Workington, Maryport and Cockermouth Urban districts, and Ennerdale Millom, Cockermouth and Wigton Rural districts.

No. 2 district includes—Keswick and Penrith, and Penrith Rural district.

No. 3 district includes—Border Rural and Alston.

The scheme provides that there shall be maintained a minimum number of isolation hospital beds in the respective districts, as follows :—

No. 1—60 beds.

No. 2—20 beds.

No. 3—20 beds.

The provision of the necessary accommodation is left in the hands of the local Sanitary Authorities. The component parts of No. 2 district have promoted an order which has been approved by the Ministry as from the 7th June, 1939. No. 3 district, of course, was already covered by an existing order. Negotiations between the authorities comprising No. 1 district are proceeding. The principal change arising out of the scheme occurs in No. 1 district, involving the reorganisation of the Isolation Hospital accommodation provision in Mid-Cumberland, and south-west Cumberland, to centre on an enlarged Isolation Hospital at Ellerbeck, within the bounds of the Workington Borough. The County Council have intimated their willingness to contribute to the capital costs of altering or enlarging the three Isolation Hospitals retained under the scheme to provide any additional accommodation required, or such other alterations as may be deemed necessary to improve the lay-out of the hospital. The County Council have also indicated their willingness to contribute to the maintenance costs of these hospitals.

These offers were, of course, accompanied by certain conditions—on lines more or less parallel to those adopted in another County. The Penrith and Keswick Joint Hospital Board have rejected this offer of County Council assistance. I think it is likely that the Board of Longtown Hospital will accept the County Council offer, and as regards the component members of No. 1 area, the matter is under negotiation. The scheme provides among other things, for co-operation between the three Isolation Hospitals in the matter of the transfer of patients from one area to another in the event of serious epidemics.

Before turning to epidemic diseases for the County during the year, it may be appropriate to refer to the new circumstances arising out of the concentration of militia-men and other troops, or of men belonging or attached to the other services, at various points in the County. That epidemic diseases will arise among these concentrations, from time to time, is inevitable, and methods for assisting the military and other service authorities will have to be carefully considered.

The epidemic which I fear most is one of cerebro-spinal fever (spotted fever). Experience of the concentration of young adult males in camp during the last war showed that such concentrations are particularly liable to outbreaks of this disease, and the fact that I was for some months, at that time, in charge of considerable areas of camps on Salisbury Plain, has impressed this very strongly on me as probably the outstanding problem calling for the co-operation of the Civil Authorities. Under such conditions, an examination of the mortality figures of this disease in this County, as elsewhere, during recent years, emphasises the need for extreme vigilance. In 1938, there were *six cases and six deaths* in Cumberland, and while no doubt the problem is primarily one for the military authorities, yet it is a problem in which it is our clear duty to be prepared to assist when required, to the limit of our capacity.

No epidemic of a serious nature occurred during the year. It is true that the number of cases of scarlet fever notified, showed a very substantial increase over the two previous years, and, indeed, over any year for the last ten, except 1935, but this disease, as is well-known, is now occurring in a very mild form—for the most part—and causes little or no anxiety, having regard to modern methods of treatment. The number of cases of diphtheria fell very substantially to 96, compared with an average of 206 for the

four previous years. It is too early yet to say much about the results of immunisation against diphtheria, which is being carried out in one or two sanitary districts, particularly, Penrith Urban and Rural districts and the Ennerdale Rural district. Some 2,200 children were immunised, including 400 dealt with by the County Education Authority. At least one may say about the Ennerdale Rural district that their notifications show a very marked decrease indeed as compared with recent years.

The position with regard to the commoner infectious diseases is set out below :—

SCARLET FEVER.

In 1932	there were	186	cases with	1	death
In 1933	" "	278	" "	0	deaths
In 1934	" "	291	" "	0	deaths
In 1935	" "	387	" "	2	deaths
In 1936	" "	152	" "	0	deaths
In 1937	" "	248	" "	1	death
In 1938	" "	385	" "	2	deaths

DIPHTHERIA.

In 1932	there were	47	cases and	4	deaths
In 1933	" "	65	" "	7	deaths
In 1934	" "	118	" "	8	deaths
In 1935	" "	223	" "	19	deaths
In 1936	" "	332	" "	18	deaths
In 1937	" "	151	" "	8	deaths
In 1938	" "	96	" "	5	deaths

ENTERIC FEVER.

In 1932	there were	14	cases and	1	death
In 1933	" "	7	" "	1	death
In 1934	" "	6	" "	3	deaths
In 1935	" "	10	" "	4	deaths
In 1936	" "	15	" "	2	deaths
In 1937	" "	17	" "	3	deaths
In 1938	" "	3	" "	1	death

CEREBRO-SPINAL FEVER.

During the year there were six notifications, as follows :—

Keswick	..	..	..	..	1
Maryport	..	..	..	..	1
Millom Rural District	..	..	..	..	2
Wigton Rural District	..	..	..	..	2

There were six deaths.

These figures are the Registrar-General's figures, and do not agree with our local statistics compiled from the weekly notification cards.

NON-NOTIFIABLE DISEASES. MEASLES.

In 1932	there were	11 deaths
In 1933	„ was	1 death
In 1934	„ were	16 deaths
In 1935	„ „	4 deaths
In 1936	„ „	6 deaths
In 1937	„ „	8 deaths
In 1938	„ „	23 deaths

WHOOPING COUGH.

In 1932	there were	9 deaths
In 1933	„ „	21 deaths
In 1934	„ „	17 deaths
In 1935	„ „	10 deaths
In 1936	„ „	3 deaths
In 1937	„ „	6 deaths
In 1938	„ „	4 deaths

DIARRHOEA.

In 1932	there were	16 deaths in children under 2 years
In 1933	„ „	19 „ „ „ „
In 1934	„ „	16 „ „ „ „
In 1935	„ „	10 „ „ „ „
In 1936	„ „	18 „ „ „ „
In 1937	„ „	16 „ „ „ „
In 1938	„ „	17 „ „ „ „

I have set out below the table first included in this report two years ago, showing the notifications of the commoner diseases by districts. The table is exclusive of notifications of puerperal fever and pyrexia, and ophthalmia neonatorum, which are dealt with in other sections of this Report. A comparison is also included with the previous year; the increase in scarlet fever is shown, the substantial fall in diphtheria, and the dramatic fall in enteric fever and paratyphoid. There was, of course, also a substantial increase in chickenpox, but this is a matter of little importance.

NOTIFICATIONS OF CASES OF INFECTIOUS DISEASES IN THE COUNTY OF CUMBERLAND DURING THE YEAR 1938.
(4th January, 1938, to 2nd January, 1939).

DISTRICT	Scarlet Fever	Diphtheria	Enteric Fever	Para- Typhoid	Pneumonia	Polio- myelitis	Ery- sipelas	Chicken- pox	Cerebro- Spinal	
									Fever	Encephalitis Lethargica
Workington M.B.	25	10	1	..	8	..	16	212	1	1
Whitehaven M.B.	64	14	—	..	16	..	11	2	—	—
Cockermouth U.D.	4	—	—	..	—	..	2	..	—	—
Keswick U.D.	—	—	—	..	—	..	1	—	1	—
Maryport U.D.	29	11	—	..	—	1	1	—	—	—
Penrith U.D.	30	20	—	..	24	..	10	—	—	—
Alston R.D.	—	—	—	..	5	..	1	—	—	—
Border R.D.	54	5	—	..	19	..	12	1	—	—
Cockermouth R.D.	25	—	2	..	5	1	3	—	—	—
Ennerdale R.D.	68	10	—	..	23	..	11	—	1	—
Millom R.D.	14	14	—	..	43	..	9	—	1	—
Penrith R.D.	41	3	—	..	17	2	4	—	1	—
Wigton R.D.	31	9	—	..	18	2	10	—	—	—
TOTALS	385	96	3	..	178	6	91	215	5	1
1937..	248	151	17	..	208	9	93	71	1	1

VACCINATION.

This subject is dealt with in the usual way by the Vaccination Officer (see Appendix "B"). Nothing calling for special comment has arisen during the year.

PREVENTION OF BLINDNESS.

During the year 92 cases were examined by Ophthalmic Surgeons under the Prevention of Blindness Scheme. This is a very substantial increase over any previous year. Of these, 4 cases received operative treatment, 3 other forms of treatment, and in 79 cases glasses were provided. In 9 cases the condition was not amenable to treatment of any kind. In 2 of the cases blindness was due to tobacco.

With regard to ophthalmia neonatorum, 25 cases (a moderate increase over the previous year) were notified. Of these 9 were treated in Carlisle City General Hospital under the immediate care of Dr. Ross. Statistics relative to ophthalmia neonatorum during the year are, as follows :—

Cases Notified	25
Cases Treated :—	
At Hospital	9
At Home	16
Vision Unimpaired	23
Vision Impaired	1
Total Blindness	—
Deaths	1

CANCER.

The total number of deaths from cancer during the year was 338, a considerable increase over 1937, but still below the peak year of 1931, in which year 348 deaths were recorded. The age and sex distribution of the deaths, and the aggregate of the Urban and Rural areas, are set out in the tables which follow.

During the year 17 cases were sent to the Radium Institute, Manchester, under the County Scheme, and were all retained as in-patients. This number is double the figure for the previous year, and the number of attendances for after-care at 50 has also correspondingly increased. Two cases of cancer of the throat were admitted to the Westminster Hospital for Bomb Treatment. No cases were admitted this year to the Royal Infirmary, Edinburgh, for deep X-ray therapy.

The number of cases admitted for Surgical and Radium treatment, to the Cumberland Infirmary at 100 remained practically the same as for the previous year. This figure, of course, includes Carlisle, and a few cases coming from outside the geographical county.

The whole question of the cancer problem was fully discussed in the Annual Report of 1936, and nothing new has arisen during the year calling for special comment, except that negotiations were concluded with the Radium Institute, Manchester, regarding the co-operation of the Cumberland County Council in the establishment and maintenance of an out-patient department, to hold fortnightly sessions at the North Lonsdale Hospital, Barrow-in-Furness. In view of the fact that under the Cancer Act, just passed, it becomes the duty of Local Authorities to investigate exhaustively the cancer problem in their respective areas, and to make adequate provision for dealing with the same, it is probably not necessary or desirable at this stage to go into the question in any detail.

Shortly before this report was written, representatives of the Radium Commission visited the Cumberland Infirmary, and it is extremely satisfactory to record that their opinion is that the Cumberland Infirmary should be continued as a Radium Centre, and steps are being taken in the matter by the Cumberland Infirmary, which will be submitted to the two Local Authorities at an early date for their consideration in connection with the preparation of their schemes under the Cancer Act.

Before leaving the question of cancer, it may be worth while saying one or two words about the area distribution of cancer deaths throughout the county during the year. The most notable changes have been an increase of 7 deaths each in Whitehaven and Workington in the Urban districts ; a rise of 12 deaths in the Border District ; a fall of 19 deaths in the Ennerdale Rural District ; a rise of 7 deaths in the Millom Rural District, and, most striking of all, a rise of 17 deaths in the Wigton Rural District, the deaths last year being 27, and this year 44.

CANCER DEATHS DURING 1938—BY AGE GROUPS.

	5-15		15-25		25-35		45-55		55-65		65-75		75 & Over		All Ages		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	T'tl
Urban ..	1	—	—	—	3	5	3	16	21	23	21	21	10	7	59	72	131
Rural ..	—	—	—	1	3	7	7	13	29	28	32	36	22	29	93	114	207
Whole County	1	—	—	1	6	12	10	29	50	51	53	57	32	36	152	186	338

CANCER DEATHS DURING 1938—BY SANITARY DISTRICTS.

	Males	Females	Total
URBAN DISTRICTS.			
Cockermouth	2	9	11
Keswick	4	4	8
Maryport	7	6	13
Penrith	9	10	19
Whitehaven	22	20	42
Workington	15	23	38
Aggregate of Urban Districts	59	72	131
RURAL DISTRICTS.			
Alston	4	3	7
Border	21	28	49
Cockermouth	11	18	29
Ennerdale	17	23	40
Millom	11	10	21
Penrith	11	6	17
Wigton	18	26	44
Aggregate of Rural Districts	93	114	207
Whole County	152	186	338

TUBERCULOSIS.

The number of new cases of pulmonary tuberculosis notified as primary notifications during the year amounted to 194, a fairly substantial increase over 1937. Non-pulmonary notifications at 69 were down by almost a corresponding number. In addition, 44 new cases came to notice other ways. Of these, 30 were pulmonary and 14 non-pulmonary. The comparison between primary notifications for 1938, and those for previous years is shown in the following table :—

Table A.—NOTIFICATIONS.

			Pulmonary.			Non-Pulmonary.
1929	..	..	235	..	..	73
1930	..	..	213	..	..	95
1931	..	..	246	..	..	94
1932	..	..	190	..	..	95
1933	..	..	252	..	..	96
1934	..	..	193	..	..	104
1935	..	..	202	..	..	70
1936	..	..	176	..	..	85
1937	..	..	179	..	..	82
1938	..	..	194	..	..	69

In very many cases, primary notification of pulmonary cases is deferred by the medical practitioners concerned until the patient has been examined by a medical board of tuberculosis officers and x-rayed, and the sputum examined.

The total deaths from tuberculosis are shown in the following table :—

TABLE B.—DEATHS.

			Pulmonary.			Non-Pulmonary.
1929	..	..	138	..	..	40
1930	..	..	133	..	..	23
1931	..	..	165	..	..	30
1932	..	..	142	..	..	47
1933	..	..	144	..	..	44
1934	..	..	138	..	..	47
1935	..	..	124	..	..	31
1936	..	..	112	..	..	34
1937	..	..	123	..	..	35
1938	..	..	115	..	..	34

The death-rate from pulmonary tuberculosis on the Registrar General's figures for the Administrative County was .59 per thousand population.

Arranged in order of pulmonary tuberculosis death-rates, the Sanitary Districts stand as follows :—

URBAN DISTRICTS.							<i>Deaths.</i>	<i>Death Rate.</i>
Maryport	..	..	..	..	..	..	10	.88
Whitehaven	..	..	..	..	..	..	19	.85
Penrith	..	..	..	..	..	..	7	.75
Workington	..	..	..	..	..	..	15	.54
Keswick	..	..	..	..	..	..	2	.46
Cockermouth	..	..	..	..	..	..	2	.42
Aggregate of Urban Districts							55	.69
RURAL DISTRICTS.								
Millom	..	..	..	..	..	..	11	.96
Ennerdale	..	..	..	..	..	..	24	.91
Alston	..	..	..	..	..	..	1	.42
Wigton	..	..	..	..	..	..	8	.38
Border	..	..	..	..	..	..	9	.35
Cockermouth	..	..	..	..	..	..	6	.34
Penrith	..	..	..	..	..	..	1	.09
Aggregate of Rural Districts							60	.52

Of the total 149 deaths from tuberculosis, 71, being as usual approximately 50%, did not come to our notice until within three months of death or after death.

Our bed provision has remained more or less the same during the year. The position, of course, varies from time to time. Generally speaking, it has been possible to obtain admission of cases recommended for sanatorium or hospital within at the outside six weeks from the date of recommendation.

During the year, the accommodation occupied at the different institutions was approximately as follows :—

PULMONARY TUBERCULOSIS.

	<i>Beds.</i>
At Blencathra Sanatorium	36
At Meathop Sanatorium	21
At Stannington Sanatorium	24
At Eastby Sanatorium	6

In addition to the above, casual cases have been admitted to other institutions.

THE YEAR'S WORK.

The total number of cases admitted to institutions for treatment or diagnosis was as follows :—

	<i>M.</i>	<i>F.</i>	<i>Total</i>
Adults in Blencathra and Meathop	86	..	100—186
Children in Stannington and Eastby	49	..	44— 93
Orthopædic cases in the Ethel Hedley Hospital and Shropshire			
Orthopædic Hospital	.. .. 14	..	13— 27
Other Institutions	.. .. 8	..	12— 20

It will be seen from the following table (of pulmonary cases) of admissions for the past few years, that the annual number of admissions continues to rise :—

1933	..	..	..	..	..	115
1934	..	..	..	..	..	172
1935	..	..	..	..	..	221
1936	..	..	..	..	..	264
1937	..	..	..	..	..	270
1938	..	..	..	..	..	289

On the non-pulmonary side, adequate accommodation is available at the various orthopædic hospitals to which we send our cases, and there is no real difficulty in getting beds for new cases at short notice.

The position with regard to advanced cases remains unchanged. We still have no adequate accommodation. In fact we are hardly in a position to deal with such cases at all. This is, of course, deplorable, and creates, as we all know, a vicious circle. The erection of the new sanatorium when and if—having regard to the International situation—it ever is erected, will, of course, change the position at once from being extremely unfavourable into being very favourable indeed for exercising proper control of tuberculosis in the area.

At the moment of writing, June, 1939, the number of pulmonary cases in residence in various institutions is 98, which is considerably the highest figure we have ever had. There is, therefore, unfortunately ample evidence that under existing conditions of accommodation, and failure to segregate advanced cases, we are not getting to grips with the heart of the problem.

The number of new cases examined at the dispensaries was 306—a considerably higher figure than for the previous year, which in its turn was considerably higher than 1936. The number of contacts examined was 850, which also shows a substantial increase.

The number of cases on the dispensary register at the end of the year rose from 793 to 810. The number of consultations with practitioners also increased substantially at 236. The number of visits by members of the nursing staff to homes of the patients was 1,957. Sputum examinations were carried out in 343 cases, and x-ray examinations amounted to 159—nearly double the figure for the previous year. The attendances at the dispensaries amounted to 3,585, again showing a definite increase. The tuberculosis medical board held ten sessions at different centres, and the board have examined and reported on 114 selected cases. As in previous years, a considerable number of cases were examined for the Public Assistance Committee regarding extra nourishment.

With regard to surgical treatment, 23 cases of pulmonary tuberculosis had surgical treatment of one kind or another, in addition to which large numbers of refills in artificial pneumothorax cases were given both at Blencathra and at Meathop. If refill treatment were available at some more accessible centre, it would be a great advantage. A certain number of cases of tuberculosis of the larynx and kidney were dealt with during the year. During the year, 38 patients had the use of shelters issued to them by the County Council. Extra nourishment was granted in 180 cases apart from grants from the Public Assistance Committee.

PUBLIC HEALTH ACT, 1925, SECTION 62.

No action was taken under this Section for the compulsory removal to Hospital of any person suffering from tuberculosis, nor under the Public Health (Prevention of Tuberculosis) Regulations in relation to persons suffering from tuberculosis employed in the milk trade.

The usual statistics follow :—

PARTICULARS OF NEW CASES OF TUBERCULOSIS AND OF
ALL DEATHS FROM THE DISEASE IN THE AREA
DURING 1938.

AGE PERIODS.	NEW CASES.					DEATHS.					
	Respiratory		Non-Respiratory			Respiratory		Non-Respiratory			
	M.	F.	M.	F.		M.	F.	M.	F.		
0—	..	—	—	..	2	1	—	—	..	3	—
1—	..	2	1	..	5	3	—	—	..	1	3
5—	..	18	23	..	9	13	1	—	..	3	6
15—	..	25	26	..	7	11	10	12	..	1	6
25—	..	18	30	..	6	7	9	29	..	4	2
35—	..	12	8	..	—	—	7	5	..	1	1
45—	..	16	1	..	2	1	17	5	..	1	—
55—	..	14	5	..	1	—	8	2	..	—	1
65 and upwards..	..	3	2	..	—	1	7	3	..	—	1
Totals	..	98	96	..	32	37	59	56	..	14	20

TUBERCULOSIS SCHEME OF THE CUMBERLAND COUNTY COUNCIL.

Return for the Year 1938.

(A) Return showing the work of the Dispensaries.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				TOTAL.				GRAND TOTAL	
	Adults		Children.		Adults.		Children.		Adults.		Children.			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
A.— <i>New Cases</i> examined during the year (excluding contacts):—														
(a) Definitely tuberculous	52	52	7	13	4	10	13	9	56	62	20	22	306	
(b) Diagnosis not completed	..	..	..	..	..	..	..	..	4	6	5	7
(c) Non-tuberculous	..	..	..	..	..	..	..	..	23	31	43	26
B.— <i>Contacts</i> examined during the year :—														
(a) Definitely tuberculous	3	2	7	2	—	—	1	—	3	2	8	2	850	
(b) Diagnosis not completed	..	..	..	..	..	..	..	..	—	—	1	2
(c) Non-tuberculous	..	..	..	..	..	..	..	..	22	27	386	397
C.— <i>Cases</i> written off the Dispensary Register as :—														
(a) Recovered	7	5	6	2	2	4	2	3	9	9	8	5	1013	
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous)	..	..	..	..	..	..	..	..	51	66	434	431
D.— <i>Number of Cases</i> on Dispensary Register on December 31st :—														
(a) Definitely tuberculous ..	214	223	79	82	34	42	50	53	248	265	129	135	810	
(b) Diagnosis not completed	..	..	..	..	..	..	..	..	3	7	13	10

1. Number of cases on Dispensary Register on January 1st .. 793
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years 73
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" 120
4. Cases written off during the year as Dead (all causes) .. 79
5. Number of attendances at the Dispensary (including Contacts) 3583
6. Number of Insured Persons under Domiciliary Treatment on the 31st December 63

7. Number of consultations with medical practitioners :—	
(a) Personal	107
(b) Other	129
8. Number of visits by Tuberculosis Officers to homes (including personal consultations)	260
9. Number of visits by Nurses or Health Visitors to homes for Dispensary purposes	1957
10. Number of :—	
(a) Specimens of sputum, etc., examined	343
(b) X-ray examinations made in connection with Dispensary work	159
11. Number of " Recovered " cases restored to Dispensary Register, and included in A (a) and A (b) above ..	8
12. Number of " T.B. plus " cases on Dispensary Register on 31st December	188

(B) Number of Dispensaries for the treatment of Tuberculosis (excluding centres used only for special forms of treatment).

Provided by the Council	12
Provided by Voluntary Bodies	Nil.

(C) Number of beds available for the treatment of Tuberculosis on 31st December in Institutions ;—

Belonging to the Council—Nil.

Provided by Voluntary Associations :—

Name	For Pulmonary Cases		For Non-Pulmonary Cases		Total
	Adults	Children under 15	Adults	Children under 15	
Blencathra Sanatorium	36	—	—	—	36
Westmorland (Meathop) Sanatorium	21	—	—	—	21
Stannington Sanatorium	—	21	—	3	24
Eastby Sanatorium	—	6	—	—	6
Shropshire Orthopaedic Hospital	—	—	10	2	12
Ethel Hedley Hospital, Windermere	—	—	—	14	14

(D) Return showing the extent of Residential Treatment and Observation during the year in Institutions (other than Poor Law Institutions) approved for the treatment of Tuberculosis.

NUMBER OF DOUBTFULLY TUBERCULOUS CASES ADMITTED FOR OBSERVATION—

	In Institu- tions on Jan. 1st.	Admitted during the year.	Dis- charged during the year	Died in the Insti- tutions.	In Institu- tions on Dec. 31st.
Adult Males ..	2	7	6	—	3
Adult Females ..	5	17	18	—	4
Children ..	16	53	49	—	20
Total ..	23	77	73	—	27

NUMBER OF PATIENTS SUFFERING FROM PULMONARY TUBERCULOSIS—

	In Institu- tions on Jan. 1st.	Admitted during the year	Dis- charged during the year	Died in the Insti- tutions,	In Institu- tions on Dec. 31st
Adult Males ..	21	63	53	5	26
Adult Females ..	28	61	58	9	22
Children ..	12	17	15	2	12
Total ..	61	141	126	16	60

NUMBER OF PATIENTS SUFFERING FROM NON-PULMONARY TUBERCULOSIS

	In Institu- tions on Jan. 1st.	Admitted during the year.	Dis- charged during the year.	Died in the Insti- tutions.	In Institu- tions on Dec. 31st.
Adult Males ..	5	6	6	—	5
Adult Females ..	5	8	8	—	5
Children ..	15	13	16	1	11
Total ..	25	27	30	1	21
Grand Total ..	109	245	229	17	108

(E) Return showing the extent of Residential Treatment provided during the year in Poor Law Institutions for persons chargeable to the Council.

NIL.

(F) Return showing the results of observation of doubtfully tuberculous cases discharged during the year from Institutions approved for the treatment of Tuberculosis.

Diagnosis on discharge from observation.	For Pulmonary Tuberculosis						For Non-Pulmonary Tuberculosis						Totals.								
	Stay under 4 weeks.			Stay over 4 weeks.			Stay under 4 weeks.			Stay over 4 weeks.											
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.						
Tuberculous	—	—	—	..	4	7	21	..	—	1	—	..	1	2	4	..	5	10	2		
Non-tuberculous	—	1	—	..	1	4	19	..	—	1	1	..	—	1	3	..	1	7	2		
Doubtful	..	—	1	—	..	—	—	..	—	—	1	..	—	—	—	..	—	1			
Totals	—	2	—	..	5	11	40	..	—	2	2	..	1	3	7	..	6	18	4

(G) Return showing the immediate results of treatment of definitely tuberculous patients discharged during the year from Institutions approved for the treatment of Tuberculosis.

Classification on admission to the Institution.		Condition at time of Discharge	Duration of Residential Treatment in the Institution.															Grand Totals
			Under 3 months. (but exceeding 28 days).			3—6 months			6—12 months			More than 12 months.			Totals			
			M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
Class T.B. minus	Quiescent ..	4	2	..	2	3	4	..	..	6	..	..	..	6	5	11	22
	Not quiescent ..	2	5	..	2	2	..	1	1	1	..	..	..	5	8	1	14
	Died in Institution ..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1	1
Class T.B. plus Group I.	Quiescent ..	..	..	..	4	4	..	2	..	1	..	..	..	6	4	1	11
	Not quiescent ..	3	4	..	5	3	..	4	4	..	1	2	1	13	13	1	27	
	Died in Institution ..	..	..	..	..	1	..	1	..	..	..	1	..	1	2	..	3
Class T.B. plus Group II.	Quiescent ..	..	1	..	2	..	..	1	1	..	..	..	..	3	2	..	5
	Not quiescent ..	3	5	..	7	4	..	1	3	..	..	3	..	11	15	..	26
	Died in Institution ..	..	..	..	..	..	1	1	1	..	..	..	..	1	1	1	3
Class T.B. plus Group III.	Quiescent ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Not quiescent ..	3	1	..	2	1	..	1	2	..	..	..	..	6	4	..	10
	Died in Institution ..	1	..	..	..	1	..	..	..	..	..	..	..	1	1	..	2
Totals (pulmonary)		16	18	..	24	19	6	12	12	9	7	6	1	53	55	16	124	
Bones and Joints	Quiescent .. ..	..	1	..	1	..	..	..	1	..	1	..	3	2	2	3	7
	Not quiescent ..	..	1	1	1	1	1	..	..	3	1	1	..	2	3	5	10
	Died in Institution ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Abdominal.	Quiescent .. ..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	2	2
	Not quiescent ..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1	1
	Died in Institution ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other Organs.	Quiescent .. ..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	1
	Not quiescent ..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	1
	Died in Institution ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Peripheral glands.	Quiescent .. ..	..	..	..	..	2	1	..	..	1	..	..	..	..	2	2	4
	Not quiescent ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Died in Institution ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals (non-pulmonary)		..	4	3	2	3	3	..	1	4	2	1	3	4	9	13	26	

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1930.

PART I.—Summary of Notifications during the period from the 1st January, 1938, to the 31st December, 1938, in the area of the County of Cumberland.

FORMAL NOTIFICATIONS.

Number of Primary Notifications of New Cases of Tuberculosis.

Age Periods.	0—	1—	5—	10—	15—	20—	25—	35—	45—	55—	65—	Total (all ages).	Total Notifi- cations.
Pulmonary—													
Males	—..	2..	11..	7..	12..	13..	18..	12..	16..	4..	3..	98 ..103
Females	—..	1..	8..	15..	13..	30..	8..	1..	5..	2..		96 ..104
Non-pulmonary—													
Males	2..	5..	5..	4..	3..	4..	6..	—..	2..	1..	—..	32 .. 37
Females	1..	3..	8..	5..	9..	2..	7..	—..	1..	—..	1..	37 .. 38

SUPPLEMENTAL RETURN.

PART II.—New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the above-mentioned period, otherwise than by formal notification.

Age Period.	0—	1—	5—	10—	15—	20—	25—	35—	45—	55—	65—	Total
Pulmonary—												
Males	—..	—..	—..	1..	—..	3..	5..	2..	2..	1..	4.. 18
Females	—..	—..	—..	1..	2..	2..	4..	1..	1..	0..	1.. 12
Non-pulmonary—												
Males	2..	1..	1..	1..	1..	—..	—..	2..	—..	—..	—.. 8
Females	1..	1..	—..	1..	—..	2..	—..	—..	—..	—..	1.. 6

Source of Information.	No. of Cases.		
	Pulmonary.		Non-Pulmonary
Death Returns—			
From Local Registrars ..	..	..	.. 9 .. 6
Transferable Deaths from Registrar-General ..	..	..	.. 2 .. 4
Posthumous Notifications ..	..	..	.. 4 .. 3
"Transfers" from other areas (other than transferable deaths) ..	15	..	.. 1
Other Sources ..	..	..	.. — .. —

PART III..

NOTIFICATION REGISTER.

	Pulmonary.			Non-pulmonary.			Total Cases.
	M.	F.	Total	M.	F.	Total	
Number of cases of tuberculosis remaining at the 31st December, 1937, on the Registers of Notifications kept by District Medical Officers of Health in the County ..	408..	459..	867..	184..	206..	390..	1257
Number of cases removed from the Registers during the year by reason of :—							
1. Withdrawal of notification ..	2..	4..	6..	2..	—..	2..	8
2. Recovery from the disease ..	15..	16..	31..	11..	17..	28..	59
3. Death ..	65..	60..	125..	16..	20..	36..	169
4. Otherwise ..	23..	19..	42..	7..	2..	9..	51

APPENDIX "A."

ANNUAL REPORT

OF THE

ASSISTANT MEDICAL OFFICER

(VENEREAL DISEASES).

A. C. B. McMURTRIE, M.C., M.D., F.R.C.S.E., D.P.H.,

For the Year 1938.

PUBLIC HEALTH (VENEREAL DISEASES) REGULATIONS 1916.

REPORT OF THE ASSISTANT MEDICAL OFFICER OF HEALTH (VENEREAL DISEASES) FOR THE YEAR ENDED 31st DECEMBER, 1938.

INCIDENCE OF VENEREAL DISEASE.

During the year 581 persons were dealt with at the Treatment Centres at the Cumberland Infirmary and the Whitehaven and West Cumberland Hospital.

Of these 180 had been carried forward from the previous year, 21 were re-admitted suffering from the same infection, and 380 were new.

Omitting those who were found not to be suffering from Venereal Diseases, there were 264 new cases in 1938, compared with 261 in 1937, an increase of 3.

Thus it is apparent that the incidence of Venereal Disease of all kinds and in both sexes remains practically unchanged.

On further investigation of the figures in the attached table, it is interesting to observe that in item 3 (new cases) the cases of Syphilis declined from 58 in 1937, to 43 in 1938; a decrease of 15, while the cases of Gonorrhoea rose from 171 to 190, an increase of 19.

As regards Syphilis, the position is satisfactory, as the decline in the incidence of this disease, which has been evident for a number of years, continues.

The rise in the incidence of Gonorrhoea is disappointing, and even alarming. It is, of course, possible that a larger number of the infected resort to the treatment centres now than formerly, but this is unlikely, because there has been no change in the facilities provided for treatment. We must conclude that Gonorrhoea was more prevalent in 1938 than in the previous year, in spite of the fact that Sulphanilamide was added to our armament in combating the disease. Is

it possible that it would have spread still further if Sulphanilamide had not been discovered, or is Sulphanilamide the reason for the increase? We cannot say.

In the Annual Report for 1937, it was pointed out that there was a grave danger that the indiscriminate use of this new drug might result in a large number of people remaining infective because *apparent* cure is so easy to attain, and efficient tests for cure are so seldom carried out except by the specialist.

An important point in this connection is that the Sulphanilamide group of drugs has now (1st January, 1939), been scheduled as a poison, and can no longer be obtained without a prescription. This may be helpful.

What appears to be of far greater consequence is the introduction, in September, 1938, of a new Sulphanilamide substance known as "M. & B 693." This is referred to later.

WORK DONE IN THE TREATMENT CENTRES.

The attendance is the best index of work done. The total attendance at the two centres was 6,838, which is less than in 1937 by 538. At the Medical Officer's clinics the attendances were 4,033, a decrease of 197; while for intermediate treatment the figure was 2,805, a decrease of 341.

The reduced attendance is accounted for by the smaller number of Syphilis cases under treatment, and by the much more rapid cure of the Gonorrhœa cases. The latter reason alone accounts for the diminished attendance for intermediate treatment.

In 1936, the total attendances reached the phenomenal figure of 9,501. Since then they have declined, but this does not imply that the work at the clinics is slack. The attendance still exceeds by over 500 that of 1933, in which year the figure recorded was the highest up to that time.

With regard to the work done for the two Authorities, it would appear that the City of Carlisle gets the better value for money than the County of Cumberland. The attendances of patients residing in Carlisle were 4,296; those of patients residing in Cumberland, 2,141. This is almost exactly a proportion of 2 to 1. These figures are, however, very deceptive, because the Carlisle attendances were very largely for intermediate treatment under the supervision of the Orderly or Nurse.

Reference to the following table where the areas in which patients resided are given, shows that there were 166 new patients in Cumberland and 149 in Carlisle. These figures give a more reliable indication of the work done, at any rate at the Medical Officer's clinics, and taking everything into account, the equal financial responsibility of the two Authorities appears to be a fair enough arrangement :—

AREAS IN WHICH PATIENTS RESIDED.

County County Borough, or Country.	New Cases (excluding those previously treated at other Centres.			Attendances all Cases.
Cumberland	166	..	2141	
Carlisle	149	..	4296	
Westmorland	13	..	130	
Scotland	14	..	161	
Grimsby	1	..	2	
Leicestershire	—	..	3	
Essex	1	..	3	
London	1	..	28	
North Riding	—	..	11	
Middlesex	—	..	11	
Surrey	1	..	14	
Sunderland	1	..	1	
Durham	1	..	8	
Bolton	—	..	9	
Leeds	1	..	1	
Northumberland	—	..	2	
Newcastle-on-Tyne	—	..	8	
Cheshire	—	..	5	
Esthonia	—	..	1	
Liverpool	—	..	1	
Greece	—	..	1	
Eire	1	..	1	
	350	..	6838	

PATHOLOGICAL EXAMINATIONS.

Wassermann and Gonococcal Complement Fixation tests and other blood serum tests were carried out at the Manchester Public Health Laboratory.

362 Wassermann or other serum tests for Syphilis were done for patients attending the clinics, and 55 for patients under private treatment by practitioners in Cumberland and Carlisle.

This shows a decrease of 42 at the clinics, corresponding to the smaller number of cases of Syphilis treated.

164 G.C.F. tests were done for the clinics, 9 fewer than in the previous year, and 20 were done for practitioners.

156 microscopical tests were done in the Treatment Centres, and 437 at the Cumberland Pathological Laboratory for the clinics, while 5 were carried out on behalf of practitioners at this laboratory.

ARSENOBENZENE COMPOUNDS.

These were supplied to any practitioner on the approved list, and during the year 81 doses were issued in this way.

At the Treatment Centres 964 doses were administered, and, in addition, 103 doses of other Assenical compounds were given. This is considerably less than in the previous year, owing to the smaller number of Syphilitic patients attending.

The following approved compounds were in use at the Treatment Centres :—

Neokharsivan	Silver Salvarsan
Novarsenobillon	Kharsulphan
Sulfarsenol	

Other Arsenical Compounds used were :—

Tryparsamide	Biarsamide
--------------	------------

ADVANCES IN THE TREATMENT OF GONORRHOEA WITH DRUGS OF THE SULPHANILAMIDE GROUP.

In the Annual Report for 1937, reference was made to Sulphanilamide, and it was predicted that other drugs of the same chemical group might be found to be more effective.

Three of these have been tried in the clinics, "Proseptacine" (May & Baker), "Uleron" (Bayer), and "M. & B. 693" (May & Baker).

Proseptacine was found to be less toxic but also much less effective than Sulphanilamide. Uleron, a German product, has been more extensively used in that country than in this. It has relatively little effect in the early stage

of the disease, but after the lapse of a week or two, it appears to be more efficient than Sulphanilamide, and a number of cures were obtained in cases where the latter had failed. Unfortunately it is more dangerous, and one severe case of poisoning was encountered.

About the end of June, 1938, through the kindness of the makers, Messrs. May & Baker, Dagenham, liberal supplies of their new product, "M. & B. 693," were obtained for trial a considerable time before it was put on the market.

This drug has now superceded all others in the treatment of Gonorrhœa. It is apparently slightly more toxic than Sulphanilamide, but this objection is counterbalanced by the much shorter duration of treatment required. It was found that Sulphanilamide had to be given for three weeks to obtain the best results, and even then there was about 30% of failures. It was not very effective in the early stage of the disease, and consequently in some treatment centres 10 days were allowed to elapse before it was given. Relapses occurred, and were sometimes so slight that they escaped notice, and patients were apt to remain carriers if they omitted to attend for observation and tests.

M. & B. 693 was given at first for 10 days. This was later found to be unnecessary, and the period was reduced to seven days. Now it is found that five days, as a rule, are enough. Almost 100% of cures can be relied upon, and the drug takes effect on the first day of the appearance of the disease.

It is, of course, necessary to adhere strictly to the instructions given regarding correct dosage, diet, etc. It is also considered safer to carry on with local treatment as formerly.

Although outside the scope of this report, it is interesting to note that this drug was introduced primarily for the treatment of Pneumonia, and that the Pneumococcus, Meningococcus and Streptococcus, as well as the Gonococcus are destroyed by it. It has met with very remarkable success in cases of Pneumonia.

It is tolerated best by the young and physically fit, especially those who are engaged in manual work. Often they are not upset by it in any way, and some have even said that it improves the appetite. Women, as a rule, do not take it so well as men, and have to be content with smaller doses. A number of cures, however, have been effected with doses much smaller than usual, where there was marked intolerance.

With regard to the way in which the drug acts, there is still doubt. It is now generally supposed that Sulphanilamide acts in combination with the body fluids, and that the old process of establishing immunity has to be carried out before the germs are destroyed. M. & B. 693, on the contrary, seems to have a direct lethal action on the germ, and to be able to exterminate it without the aid of antibodies in the blood. Hence the much earlier stage of the disease when it is effective, and the shorter duration of treatment.

All this seems too good to be true. The prospect of a successful issue in the war against the *Gonococcus* is much more hopeful than it was a year ago, and if every carrier could be persuaded to undergo treatment for a few days, the disease would completely disappear from the community.

THE TREATMENT CENTRE AT THE CUMBERLAND INFIRMARY.

Clinics were held by the Medical Officer, as in previous years, on three days a week (five sessions), and, in addition, the premises were open daily for the Intermediate Treatment of patients of both sexes under the supervision of the Medical Orderly or Nurse.

The total attendances decreased by 463 to 5,864. Analysis of this shows :—

	Attendances		Decrease	
Medical Officer's Clinics	..	3133	..	92
Intermediate Treatment	..	2731	..	371

The decrease, as pointed out in the first part of this report, was due partly to the smaller number of new cases of Syphilis (36 compared with 44 in 1937), and partly to the much shorter average duration of treatment of Gonorrhœa, although the number of new cases increased considerably (153 compared with 135 in 1937).

The prevalence of venereal disease has declined in Cumberland, while it has increased in Carlisle

		NEW CASES.					
Cumberland.			Carlisle.				
	1937.	1938.	Difference.	1937.	1938.	Difference.	
Syphilis	.. 16	.. 8	.. —8	.. 21	.. 25	.. +4	
Gonorrhœa	.. 42	.. 44	.. +2	.. 67	.. 85	.. +18	
	58	52	—6	88	110	+22	

In Cumberland, Syphilis decreased by 50%, and Gonorrhœa only increased by 4.8% ; while in Carlisle, Syphilis increased by 19%, and Gonorrhœa by 26.9%. Admittedly the number of cases is too small to make accurate percentage calculations, but in Cumberland there is an almost identical decline recorded at the Whitehaven treatment centre, and this confirms the evidence to some extent.

There is one conclusion which can fairly be drawn. In any further propaganda campaign, all efforts should be concentrated on Carlisle rather than Cumberland, as has been done in the past.

Plans for the construction of a new treatment centre at the Cumberland Infirmary have been completed and approved by the Ministry of Health. Apart from this, no further steps have been taken to improve the facilities for out-patient treatment or to provide in-patient accommodation.

IN-PATIENTS UNDER TREATMENT IN 1938 AT OTHER HOSPITALS.

	Newcastle		Leeds		Total
Admissions in 1938	..	6	..	2	8
Total Number Treated	..	8	..	2	10
Total In-patient Days	..	454	..	224	678

In addition, one patient was successfully treated with Malaria for General Paralysis at The Garlands Mental Hospital, and has resumed his normal occupation, and also his attendance at the clinic. At the time of writing this report, two others are under treatment, one at Dumfries, and one at The Garlands for similar conditions. All of these were admitted as voluntary patients. The advantages of this arrangement are very great, as it is often difficult or impossible to certify such people as insane, especially in the early and curable stage of the disease.

THE TREATMENT CENTRE AT THE WHITEHAVEN AND WEST CUMBERLAND HOSPITAL.

As in previous years, the centre was open on one day a week, with an afternoon session for women and children, and an evening session for men.

There have been no changes in the arrangements or accommodation, which remains in its unsatisfactory state.

Plans for the new treatment centre to be included in the new hospital have been provisionally drawn by the Hospital Architect, but have not yet been submitted to the Ministry of Health for approval.

STATISTICS AT THE WHITEHAVEN CENTRE.

The total attendances were 974. This shows a decrease of 75 similar to that experienced at the Carlisle centre. This is due to the smaller number of new cases of Syphilis discovered (7 compared with 14 in 1937), and the more rapid cure of Gonorrhœa.

There were 74 attendances for Intermediate Treatment of women and children by the Nurse (an increase of 30). Unfortunately there is no provision for Intermediate Treatment of men.

The new cases of Gonorrhœa numbered 37, as compared with 36 in the previous year.

It is curious how exactly these differences correspond with the figures quoted for the Carlisle centre earlier in this report.

The total number of new patients was 87, a fall of 30, but the largest proportion of this decline was in those found not to be suffering from venereal disease (43 compared with 66 in 1937). The majority of these are sent by Practitioners or Medical Officers of various Clinics for diagnosis, so it may be assumed that fewer suspected cases of Venereal Disease were discovered in the West of Cumberland.



Return relating to all persons who were treated at the Treatment Centres at Carlisle and Whitehaven during the year ended 31st December, 1938.

	Syphilis.		Soft chancre.		Gonorrhoea.		Conditions other than Venereal.		Totals.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1. Number of cases on 1st January under treatment or observation	61	59	0	0	44	13	2	1	107	73
2. Number of cases removed from the register during any previous year which returned during the year under report for treatment or observation of the same infection	6	3	0	0	8	4	—	—	14	7
3. Number of cases dealt with for the first time during the year under report (exclusive of cases under Item 4) suffering from :—										
Syphilis, primary	9	1	—	—	—	—	—	—	9	1
" secondary	1	3	—	—	—	—	—	—	1	3
" latent in 1st year of infection	0	0	—	—	—	—	—	—	0	0
" all later stages	11	13	—	—	—	—	—	—	11	13
" congenital	3	2	—	—	—	—	—	—	3	2
Soft Chancre	—	—	2	0	—	—	—	—	2	0
Gonorrhoea, 1st year of infection	—	—	—	—	145	35	—	—	145	35
" later	—	—	—	—	6	4	—	—	6	4
Conditions other than venereal	—	—	—	—	—	—	63	52	63	52
4. Number of cases dealt with for the first time during the year under report known to have received treatment for the same infection or to have been under observation at other Centres	10	4	0	0	10	5	1	0	21	9
TOTALS OF ITEMS 1, 2, 3 AND 4	101	85	2	0	213	61	66	53	382	199
5. Number of cases discharged after completion of treatment and final tests of cure, or after diagnosis as non-venereal	6	3	1	0	90	22	65	51	162	76
6. Number of cases which ceased to attend before completion of treatment and were, on first attendance, suffering from :—										
Syphilis, primary	3	0	—	—	—	—	—	—	3	0
" secondary	0	4	—	—	—	—	—	—	0	4
" latent in 1st year of infection	0	0	—	—	—	—	—	—	0	0
" all later stages	9	15	—	—	—	—	—	—	9	15
" congenital	7	6	—	—	—	—	—	—	7	6
Soft Chancre	—	—	1	0	—	—	—	—	1	0
Gonorrhoea, 1st year of infection	—	—	—	—	37	1	—	—	37	1
" later	—	—	—	—	3	2	—	—	3	2
7. Number of cases which ceased to attend after completion of treatment but before final tests of cure.	8	7	0	0	40	7	—	—	48	14
8. Number of cases transferred to other centres or to institutions, or to care of private practitioners	10	3	0	0	12	6	0	1	22	10
9. Number of cases remaining under treatment or observation on 31st December	58	47	0	0	31	23	1	1	90	71
TOTALS OF ITEMS 5, 6, 7, 8 AND 9	101	85	2	0	213	61	66	53	382	199
10. Number of cases in the following stages of syphilis included in Item 6 which failed to complete one course of treatment :—										
Syphilis, primary	2	0	—	—	—	—	—	—	2	0
" secondary	0	0	—	—	—	—	—	—	0	0
" latent in 1st year of infection	0	0	—	—	—	—	—	—	0	0
" all later stages	1	6	—	—	—	—	—	—	1	6
" congenital	1	0	—	—	—	—	—	—	1	0
11. Number of attendances :—										
(a) for individual attention of the medical officer(s)	1203	1083	7	0	1105	411	142	82	2457	1576
(b) for intermediate treatment, e.g., irrigation, dressing	15	8	35	0	2294	335	106	12	2450	355
TOTAL ATTENDANCES	1218	1091	42	0	3399	746	248	94	4907	1931
12. In-patients :—										
(a) Total number of persons admitted for treatment during the year	—	—	—	—	—	—	—	—	—	—
(b) Aggregate number of "in-patient days" of treatment given	—	—	—	—	—	—	—	—	—	—
13. Number of cases of congenital syphilis in Item 3 above classified according to age periods	Under 1 year	1 & under 5 years	5 & under 15 years	15 years and over	Totals					
	M. F.	M. F.	M. F.	M. F.	M. F.					
	1	0	0	0	0	2	0	2	3	2

APPENDIX "B."

ANNUAL REPORT
OF THE
VACCINATION OFFICER
W. BUTCHER.
For the Year 1938.

VACCINATION.

During the year 1938, there were two changes in the personnel of public vaccinators—Dr. H. G. Parker was appointed to succeed Dr. R. T. Richmond (resigned) in district No. 25 (Muncaster), and Dr. F. W. Clark in place of Dr. R. L. Clark (deceased) in district No. 15 (Maryport).

At the end of the year there were 17 registration districts, but a revision of the areas was being undertaken, and will be completed during 1939.

The regulations regarding the rendition of certificates have, generally speaking, been satisfactorily carried out. In one district, however, there has been some delay on the part of the public vaccinator.

There has been no occasion to institute proceedings under the Vaccination Acts.

The figures in the table attached set out the position in each district. The percentage of vaccinations in relation to registered births continues to show a decline, and as pointed out in previous reports, this is most marked in the populous industrial areas of the county. The entire absence of smallpox in Cumberland in recent years is, in my opinion, chiefly responsible for the present position, and it is estimated that only a little more than one-third of the child population has been vaccinated.

Parents and guardians of children are not unwilling to submit their children to immunisation against diphtheria, and whilst there has been a yearly decline in vaccination against smallpox, there has been a rapid increase in the numbers immunised against diphtheria. As a matter of fact, a lively interest has been shown in this sphere.

There is one further factor which, in my opinion, has an influence on the number of children who are not vaccinated, and it is the time limit placed by the regulations. Many parents simply complete a "form of statutory declaration" within the required four months from the birth of the child, as they realise that if they have not made up their minds on the question of vaccination within this period, they will be compelled by law to have the vaccination carried out.

There can be little doubt that the statutory procedure laid down in the Vaccination Acts and Regulations could be materially improved, and brought into line with modern methods employed by Public Health Authorities in the prevention of infectious diseases.

RETURN RESPECTING THE VACCINATION OF CHILDREN WHOSE BIRTHS WERE REGISTERED DURING THE YEAR 1937.

Vaccination District.	No. of Births Registered.	Certificates of Vaccination received.		Statutory Declarations received.		Otherwise accounted for.		Cases unaccounted for.	
		No.	Per cent. of Reg. Births.	No.	Per cent. of Reg. Births.	No.	Per cent. of Reg. Births.	No.	Per cent. of Reg. Births.
Abbey Holme ..	97 ..	35	36.1 ..	56	57.7 ..	6	6.2 ..	—	—
Alston ..	45 ..	25	55.5 ..	18	40.0 ..	2	4.5 ..	—	—
Bootle ..	169 ..	71	42.0 ..	90	53.3 ..	8	4.7 ..	—	—
Brampton ..	92 ..	72	78.3 ..	15	16.3 ..	5	5.4 ..	—	—
Burgh ..	11 ..	9	81.8 ..	2	18.2 ..	—	—	—	—
Cockermouth ..	129 ..	27	20.9 ..	96	74.4 ..	6	4.7 ..	—	—
Dalston..	30 ..	20	66.7 ..	7	23.3 ..	3	10.0 ..	—	—
Egremont ..	202 ..	68	33.6 ..	119	58.9 ..	15	7.5 ..	—	—
Harrington ..	207 ..	58	28.0 ..	135	65.2 ..	14	6.8 ..	—	—
Hayton ..	13 ..	8	61.5 ..	3	23.1 ..	2	15.4 ..	—	—
Keswick ..	76 ..	29	38.2 ..	42	55.3 ..	5	6.5 ..	—	—
Kirkoswald ..	63 ..	45	71.4 ..	14	22.2 ..	4	6.4 ..	—	—
Longtown ..	78 ..	62	79.5 ..	14	17.9 ..	2	2.6 ..	—	—
Maryport ..	288 ..	44	15.3 ..	221	76.8 ..	23	7.9 ..	—	—
Penrith ..	235 ..	115	48.8 ..	102	43.4 ..	18	7.8 ..	—	—
Stanwix ..	44 ..	30	68.2 ..	8	18.2 ..	5	11.3 ..	1	2.3 ..
Wetheral ..	31 ..	15	48.4 ..	6	19.3 ..	3	9.7 ..	7	22.6 ..
Whitehaven ..	482 ..	144	29.9 ..	307	63.7 ..	30	6.2 ..	1	0.2 ..
Wigton ..	200 ..	67	33.5 ..	114	57.0 ..	19	9.5 ..	—	—
Workington ..	540 ..	61	11.3 ..	456	84.4 ..	23	4.3 ..	—	—
TOTALS—1937	3032 ..	1005	33.1 ..	1825	60.2 ..	193	6.3 ..	9	0.3 ..
TOTALS—1936	3092 ..	1107	35.8 ..	1821	58.9 ..	155	5.0 ..	9	0.3 ..

Cases " Otherwise accounted for " includes cases died unvaccinated, postponed by medical certificate, unsusceptible of vaccination, removed from the district, and lost sight of.



APPENDIX "C."

ANNUAL REPORT

OF THE

COUNTY ANALYST

C. J. H. STOCK, B.Sc., F.I.C.

For the Year 1938.

FOOD AND DRUGS (ADULTERATION) ACT, 1928.

ANNUAL REPORT OF THE COUNTY ANALYST.

1. During the 12 months ended the 31st December, 1938, I have analysed 365 samples of Food and Drugs, submitted by the inspectors appointed under the Food and Drugs (Adulteration) Act, 1928, for the County of Cumberland, viz. :—

From the Whitehaven Division	..	..	122
From the Carlisle Division	..	..	41
From the Workington Division	..	..	137
From the Wigton Division	..	..	33
From the Penrith Division	..	..	32
			365

The number of samples submitted showed an increase of 22 as compared with the number received during the year ended the 31st December, 1937, an increase which is mainly accounted for by the fact that there were 10 more appeal samples taken during the year than there were in 1937, and a rather larger number of samples of articles other than milk were submitted in 1938.

2. The result of the analysis of samples submitted during the year, together with the action taken in the case of those samples which either did not comply with recognised standards or with the descriptions attached to them, is shown hereunder :—

No. of samples of Milk submitted for analysis	..	271
No. of other samples submitted for analysis		94
		365
No. of samples adulterated or below standard		32
" " below standard, but of genuine		
quality	.. ..	15
" " of doubtful quality	.. ..	0
" " of abnormal quality	.. ..	0
" informal samples	.. ..	3

No. of reference samples	..	..	..	3
„ appeal samples	..	..	..	19
„ persons cautioned	..	..	..	6
„ „ summoned	..	..	..	5
„ „ convicted	..	..	..	4
„ „ discharged	..	..	..	1
„ cases withdrawn	..	..	..	0
„ „ in which no action was taken				4
„ „ pending ..	..	..	..	0
„ persons noted for further sampling ..				17
Amount of Fines	..	..	£11	0 0
„ Costs	..	..	£11	2 6

All five cases in which proceedings were instituted were in connection with Milk, the charge against three of the persons summoned relating to the addition of water, and in two cases the charge was one of selling Milk deficient in Fat ; convictions were obtained in four cases, the defendants having to pay a fine and costs, while one case was dismissed on a point of law.

The number of samples reported as being adulterated or below standard during the twelve months ended the 31st December, 1937, was 23, while during 1938 the number was 34, and the number of persons summoned in 1937 was four, as against five persons summoned in 1938.

The number of persons cautioned in 1937 was four, and in 1938 the number was six, while the number of persons noted for further sampling was 13 in 1937, and 19 in 1938.

3. It will be remembered that in the case of slight deficiencies in Fat it has been the custom for some time now to resort to noting the names of vendors, so that further samples might be taken in the future in order to find out whether the milk they sold was habitually deficient.

This method was adopted because such slight deficiencies in Fat as were found in these cases hardly justified the institution of proceedings, nor the expense incurred in procuring reference or appeal samples which would have been necessary if proceedings had been contemplated.

Through the courtesy of the Chief Constable, who was good enough to supply the necessary information so as to make it possible to show how these samples compared, the table hereunder has been prepared :—

Division.	Date Taken.	Sample No.	Non-fatty Solids.	Fat.	Freezing Point.
Whitehaven ..	8/2/38 ..	C. 1/38..	8.54 ^o / ₁₀₀ ..	2.90 ^o / ₁₀₀ ..	—
Do. ..	9/5/38 ..	C. 8/38..	8.93 ..	3.05 ..	—
Whitehaven..	8/2/38 ..	C. 2/38..	8.94 ^o / ₁₀₀ ..	2.90 ^o / ₁₀₀ ..	—
Do. ..	9/5/38 ..	C. 9/38..	9.01 ..	3.00 ..	—
Whitehaven ..	8/2/38 ..	D. 1/38..	8.38 ^o / ₁₀₀ ..	3.81 ^o / ₁₀₀ ..	-.525° C.
Do. ..	10/2/38 ..	Appeal 1	8.74 ..	3.65 ..	-.552° C.
Do. ..	29/3/38 ..	D. 5/38..	8.52 ..	3.65 ..	—
Whitehaven..	14/2/38 ..	A. 9/38..	8.44 ^o / ₁₀₀ ..	3.22 ^o / ₁₀₀ ..	-.551° C.
Do. ..	22/3/38 ..	A. 11/38..	8.29 ..	3.70 ..	-.562° C.
Whitehaven..	5/5/38 ..	E. 5/38..	9.19 ^o / ₁₀₀ ..	2.85 ^o / ₁₀₀ ..	—
Do. ..	7/6/38 ..	E. 6/38..	9.49 ..	3.45 ..	—
Whitehaven..	10/5/38 ..	D. 7/38..	9.26 ^o / ₁₀₀ ..	2.80 ^o / ₁₀₀ ..	—
Do. ..	7/6/38 ..	D. 7/38..	9.12 ..	3.20 ..	—
Whitehaven..	10/8/38 ..	B. 10/38..	8.56 ^o / ₁₀₀ ..	2.45 ^o / ₁₀₀ ..	—
Do. ..	13/8/38 ..	*B. 10/38..	8.79 ..	2.40 ..	—
Do. ..	13/8/38 ..	†B. 10/38..	8.79 ..	2.47 ..	—
Do. ..	28/9/38 ..	B. 13/38..	8.60 ..	3.50 ..	—
Whitehaven..	11/8/38 ..	D. 9/38..	9.15 ^o / ₁₀₀ ..	2.75 ^o / ₁₀₀ ..	—
Do. ..	15/8/38 ..	‡D. 9/38..	8.94 ..	3.20 ..	—
Do. ..	29/9/38 ..	D. 14/38..	8.84 ..	3.30 ..	—
Whitehaven..	10/2/38 ..	E. 1/38..	8.59 ^o / ₁₀₀ ..	3.02 ^o / ₁₀₀ ..	—
Do. ..	15/11/38..	E. 13/38..	8.59 ..	2.80 ..	—
Do. ..	27/12/38..	E. 13/38..	8.53 ..	4.95 ..	—
Carlisle ..	13/6/38 ..	P. 1/38..	8.90 ^o / ₁₀₀ ..	2.90 ^o / ₁₀₀ ..	—
Do. ..	29/11/38..	P. 7/38..	8.85 ..	4.25 ..	—
Workington ..	9/3/38 ..	G. 1/38..	8.77 ^o / ₁₀₀ ..	2.90 ^o / ₁₀₀ ..	—
Do. ..	26/4/38 ..	G. 4/38..	8.89 ..	2.80 ..	—
Do. ..	5/5/38 ..	G. 5/38..	8.89 ..	2.77 ..	—
Workington..	4/4/38 ..	F. 18/38..	8.51 ^o / ₁₀₀ ..	2.87 ^o / ₁₀₀ ..	—
Do. ..	4/5/38 ..	F. 27/38..	8.68 ..	2.90 ..	—
Workington ..	4/4/38 ..	F. 19/38..	8.29 ^o / ₁₀₀ ..	12.70 ^o / ₁₀₀ ..	-.559° C.
Do. ..	3/5/38 ..	F. 25/38..	8.97 ..	3.67 ..	—
Workington ..	16/8/38 ..	H. 25/38..	8.70 ^o / ₁₀₀ ..	2.80 ^o / ₁₀₀ ..	—
Do. ..	21/12/38..	H. 32/38..	8.50 ..	5.25 ..	—
Workington ..	22/11/38..	F. 60/38..	8.89 ^o / ₁₀₀ ..	2.80 ^o / ₁₀₀ ..	—
Do. ..	20/12/38..	F. 62/38..	8.66 ..	3/35 ..	—
Wigton ..	24/8/37 ..	L. 6/37..	9.02 ^o / ₁₀₀ ..	2.90 ^o / ₁₀₀ ..	—
Do. ..	22/2/38 ..	L. 3/38..	8.69 ..	3.45 ..	—
Wigton ..	22/11/37..	J. 10/37..	8.17 ^o / ₁₀₀ ..	5.50 ^o / ₁₀₀ ..	-.542° C.
Do. ..	7/11/38..	J. 9/38..	8.68 ..	3.60 ..	—
Wigton ..	23/5/38 ..	J. 3/38..	8.36 ^o / ₁₀₀ ..	3.00 ^o / ₁₀₀ ..	-.546° C.
Do. ..	7/11/38..	J. 7/38..	8.93 ..	3.40 ..	—
Penrith ..	2/12/37..	Q. 10/37..	8.24 ^o / ₁₀₀ ..	7.75 ^o / ₁₀₀ ..	-.550° C.
Do. ..	9/2/38 ..	Q. 3/38..	8.88 ..	4.45 ..	—
Penrith ..	2/3/38 ..	R. 1/38..	8.36 ^o / ₁₀₀ ..	4.25 ^o / ₁₀₀ ..	-.538° C.
Do. ..	26/4/38 ..	R. 4/38..	8.84 ..	3.05 ..	-.549° C.
Do. ..	24/5/38 ..	R. 5/38..	8.97 ..	3.97 ..	—
Penrith ..	8/6/38 ..	R. 8/38..	8.97 ^o / ₁₀₀ ..	2.95 ^o / ₁₀₀ ..	—
Do. ..	24/8/38 ..	R. 10/38..	9.08 ..	3.00 ..	—

* Appeal 1.

† Appeal 2.

‡ Appeal.

In the above table the separate groups give the data obtained from the original sample and the subsequent samples taken from the same source of supply, and while it must be borne in mind that in the intervals of time elapsing between the taking of the original sample and those which followed there may have been alterations in the composition of the respective herds, or in the physical conditions of the animals composing the herds, in those cases where no alteration by replacement had taken place the comparison affords useful information in more ways than one, but the main inference to be drawn, taking the samples as a whole, is that this way of dealing with slight deficiencies is fully justified, since, in the majority of these samples, the evidence points to the original deficiencies being due either to some slight carelessness, or to the fact that the animals were not producing milk of very high quality.

4. During 1938 the total number of milk samples submitted was 271, which was 13 in excess of the number of milk samples submitted during 1937.

Of these 271 samples, 205 complied with the Sale of Milk Regulations, 1901, giving average figures for Non-fatty Solids and for Fat as follows:—

Non-fatty Solids	..	..	..	8.84%
Fat	..	..	..	3.64

The average figures for 207 genuine samples of Milk, taken in the ordinary course of inspection during 1937, were:—

Non-fatty Solids	..	..	..	8.82%
Fat	..	..	..	3.70

The figures for 1938 are in close agreement with the annual averages for genuine samples of Milk recorded during the last few years.

Samples of Milk returned as being of genuine quality, although below standard, numbered 15, of which 1 sample was deficient both in Non-fatty Solids and in Fat, 8 samples were deficient in Non-fatty Solids, and 6 samples were deficient in Fat.

All those samples which disclosed deficiencies in Non-fatty Solids gave freezing points (Hortvet), which showed that the deficiencies were due to some cause other than the addition of water, while the samples deficient in Fat were shown by the corresponding appeal samples to have been yielded by cows giving a naturally low fat content.

There were 29 samples of Milk reported as being adulterated or below standard, of which 1 sample was deficient in Non-fatty Solids, and 23 samples were deficient in Fat.

Arising out of these samples, 3 reference samples were taken, 1 of which was deficient both in Non-fatty Solids and in Fat, and 2 were of genuine quality, and 19 appeal samples were also taken. In the case of the appeal samples 3 were deficient in Non-fatty Solids with freezing points (Hortvet), which ranged from -540°C. to -553°C. , 6 were deficient in Fat, 2 of which were taken from the same source of supply, and 10 samples were of genuine quality with freezing points (Hortvet), ranging from -539°C. to -565°C.

The percentage of adulteration for Milk during 1938 is 11.64; for the 12 months ended the 31st December, 1937, the figure was 8.57. These figures include all samples either adulterated or below standard, and samples of genuine quality below standard are taken into account in the total number for the purposes of calculation, but reference and appeal samples are not included.

5. OTHER SAMPLES.

Samples of articles other than Milk submitted for analysis during the year numbered 42, represented by 94 samples, which was 9 samples in excess of the number submitted during 1937.

With the exception of samples of Bicarbonate of Soda, Cream of Tartar, and Magnesium Carbonate, the samples were all foodstuffs, or commodities used in the preparation of food, and, apart from one sample of Red Plum Jam, and 2 samples of Shredded Suet, they were all of satisfactory quality, and complied with their descriptions.

The sample of Red Plum Jam was found to be deficient in Fruit Content, but, having in mind the difficulty not only of dividing a sample into three portions and securing an equal quantity of fruit, and also the fact that it is not always possible to fill a jar of this character at the factory in such a way that all the jars will contain the same amount of fruit, it was requested that an informal sample should be submitted.

In fact, two one-pound jars of the same brand were received, and both proved to be of genuine quality.

The two samples of Shredded Suet which contained an excess of Rice Flour were also followed by further samples, both of which were of genuine quality.

The samples of Bicarbonate of Soda, Cream of Tartar, and Magnesium Carbonate, which are more properly regarded as drugs, since certain limits are prescribed in the British Pharmacopæia, ed. 1932, were all of satisfactory quality.

As in 1937, the largest number of any one article under this heading received for analysis was Ice Cream, of which 6 samples were submitted, all of which were found to be of genuine quality, and free from any injurious ingredient.

The nature and number of the samples submitted during the year, apart from Milk, is given hereunder :—

Apricots, Dried	2	Magnesium Carbonate	1
Arrowroot	1	Margarine	4
Baking Powder	2	Meat Pies	1
Bicarbonate of Soda ..	2	Meat, Potted	2
Black Puddings	1	Oatmeal	1
Brown Bread	1	Olive Oil	1
Butter	4	Pepper	1
Cheese	3	Raisins and Sultanas	2
Cocoa	2	Rice, Ground	3
Coffee	4	Rum	1
Cream Cake	1	Sausage	3
Cream of Tartar	2	Semolina	3
Currants	1	Spice, Mixed	2
Curry Powder	3	Suet, Shredded	5
Dripping	1	Sugar, Granulated ..	2
Flour	1	Sugar, Icing	3
Flour, Self-raising ..	5	Sweets	2
Fruit, Mixed Dried ..	1	Tapioca	3
Ice Cream	6	Tea	3
Jam	4	Vinegar	1
Lard	2	Yeast	1

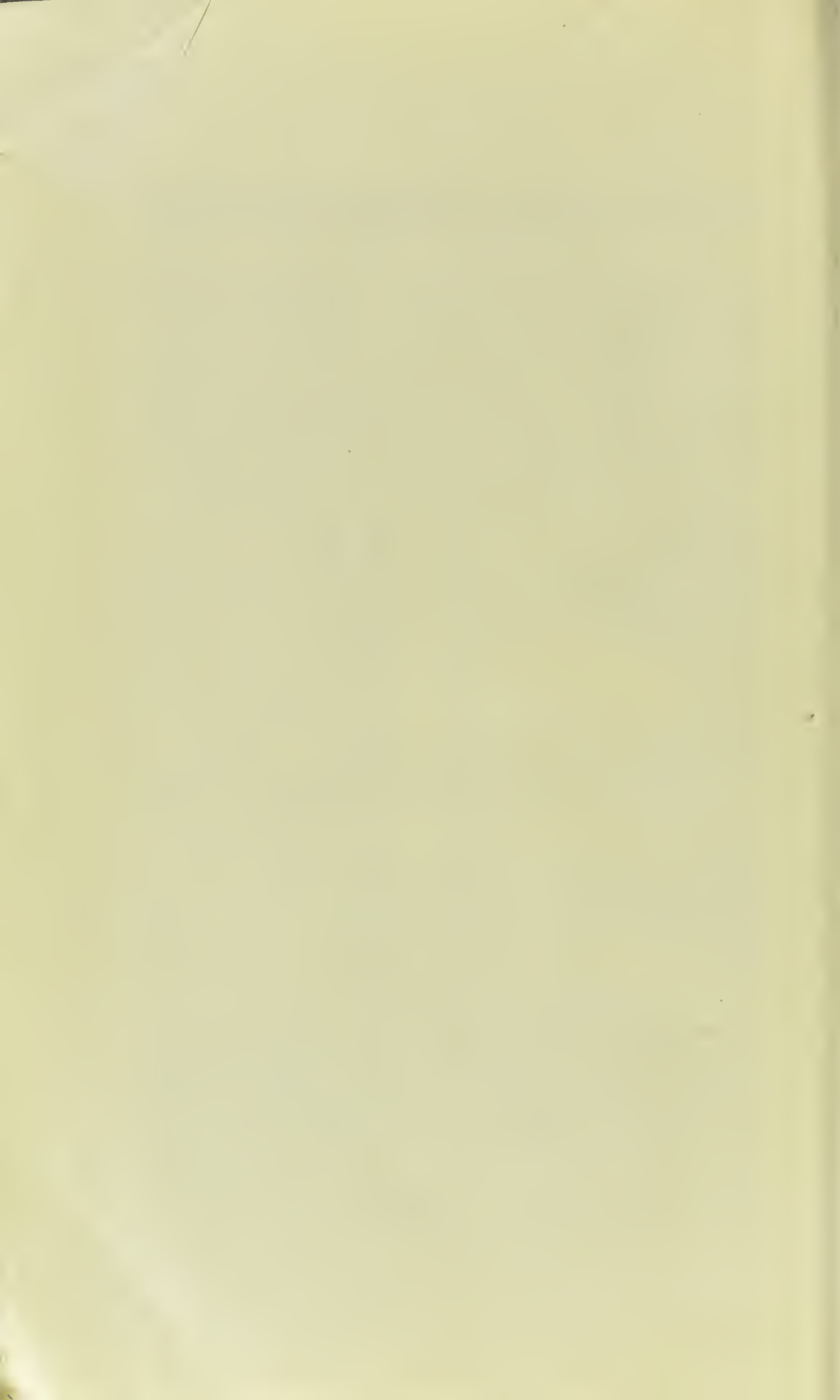
6. The percentage of adulteration for all samples submitted during the year is 9.33 ; for 1937 the figure was 6.96.

In neither case are appeal samples or reference samples included, but samples reported as being of genuine quality, although below standard, are included in the total number.

7. Apart from the above observations, the work of the past year calls for no further comment, as it has been of the usual character.

(Signed) CYRIL J. H. STOCK.

30th December 1938.



APPENDIX " D "

VITAL STATISTICS

For the Year 1938



CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF CUMBERLAND, 1938.

CAUSES OF DEATH		Sex.	All Ages	Aggregate of Urban Districts.												All Ages	Aggregate of Rural Districts.											
				0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—		0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—		
ALL CAUSES		M	550	43	8	9	13	20	15	22	53	94	151	122	832	62	6	8	12	24	33	27	65	148	221	226		
		F	522	29	6	10	8	16	38	21	47	76	125	146	734	50	6	9	19	19	23	35	47	108	183	235		
1 Typhoid and paratyphoid fevers		M	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—		
		F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
2 Measles		M	8	2	3	3	—	—	—	—	—	—	—	—	8	1	4	—	2	1	—	—	—	—	—	—		
		F	3	1	1	1	—	—	—	—	—	—	—	—	4	—	1	3	—	—	—	—	—	—	—	—		
3 Scarlet Fever		M	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	2	—	—	—	—	—	—	—		
		F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
4 Whooping Cough		M	2	—	2	—	—	—	—	—	—	—	—	—	2	1	—	—	—	—	—	—	—	—	—	—		
		F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
5 Diphtheria		M	2	—	—	2	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—		
		F	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
6 Influenza		M	6	—	—	—	—	1	—	—	2	—	—	3	13	—	—	—	—	2	2	—	4	3	2	—		
		F	5	—	—	—	1	1	—	—	1	—	—	2	7	—	—	—	2	—	1	2	—	—	—	—		
7 Encephalitis Lethargica		M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
		F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
8 Cerebro-spinal Fever		M	2	—	—	—	1	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—		
		F	—	—	—	—	—	—	—	—	—	—	—	—	3	—	1	—	2	—	—	—	—	—	—	—		
9 Tuberculosis of Respiratory System		M	22	—	—	1	—	6	2	4	5	1	3	—	37	—	—	—	4	7	3	12	7	3	1	—		
		F	33	—	—	—	—	6	20	2	3	1	—	1	23	—	—	—	6	9	3	2	1	—	—	—		
10 Other Tuberculous Diseases		M	7	1	—	—	2	—	2	1	1	—	—	—	8	2	—	—	1	1	1	2	—	—	—	—		
		F	7	—	—	1	2	1	—	1	—	—	—	—	12	—	1	—	4	5	1	—	—	—	—	—		
11 Syphilis		M	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—		
		F	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—		
12 General Paralysis of the Insane, tabes dorsalis		M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
		F	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—		
13 Cancer, Malignant Disease		M	59	—	—	—	1	—	1	2	3	21	21	10	93	—	—	—	—	3	7	29	32	22	—	—		
		F	72	—	—	—	—	—	2	3	16	23	21	7	114	—	—	—	1	—	6	13	28	36	29	—		
14 Diabetes		M	6	—	—	—	1	—	—	—	—	1	4	—	12	—	—	—	—	—	—	—	—	—	—	—		
		F	12	—	—	—	—	—	1	1	—	2	6	2	13	—	—	—	—	—	1	6	13	28	36	29		
15 Cerebral Haemorrhage, &c.		M	33	—	—	—	—	—	—	—	—	—	—	—	48	—	—	—	—	—	—	—	—	—	—	—		
		F	27	—	—	—	—	—	1	—	—	5	14	13	61	—	—	—	—	—	—	—	—	—	—	—		
16 Heart Disease		M	132	—	—	—	—	1	3	1	18	23	50	36	214	—	—	—	1	3	3	1	6	37	86	77		
		F	131	—	—	—	—	1	4	5	12	21	43	45	186	—	—	—	—	—	—	—	—	—	—	—		
17 Aneurysm		M	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—		
		F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
18 Other Circulatory Diseases		M	42	—	—	—	—	—	—	1	1	7	22	11	48	—	—	—	—	—	—	—	—	—	—	—		
		F	15	—	—	—	—	—	—	—	—	—	—	—	37	—	—	—	—	—	—	—	—	—	—	—		
19 Bronchitis		M	9	2	—	—	—	—	—	—	—	—	—	—	28	4	—	—	—	—	—	—	—	—	—	—		
		F	20	—	—	1	—	—	—	—	—	—	—	—	20	2	—	—	1	—	—	—	—	—	—	—		
20 Pneumonia (all forms)		M	25	4	1	2	2	1	—	—	3	6	4	2	26	8	1	1	1	2	1	—	2	2	6	2		
		F	26	3	3	4	—	1	—	—	1	2	5	6	28	7	1	—	2	—	—	—	3	4	5	6		
21 Other Respiratory Diseases		M	9	—	—	—	—	—	—	1	3	2	1	2	7	—	—	—	—	1	1	—	4	—	—	—		
		F	3	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—		
22 Peptic Ulcer		M	7	—	—	—	—	—	—	1	2	3	1	—	12	—	—	—	—	2	1	2	3	2	—	—		
		F	1	—	—	—	—	—	—	—	—	—	—	—	4	—	—	—	—	—	—	—	—	—	—	—		
23 Diarrhoea, etc. (under 2 years)		M	5	4	1	—	—	—	—	—	—	—	—	—	6	6	—	—	—	—	—	—	—	—	—	—		
		F	2	2	—	—	—	—	—	—	—	—	—	—	4	4	—	—	—	—	—	—	—	—	—	—		
24 Appendicitis		M	3	—	—	—	—	—	—	2	—	1	—	—	8	—	—	2	—	1	2	—	—	—	—	—		
		F	1	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—		
25 Cirrhosis of Liver		M	2	—	—	—	—	—	—	—	—	—	—	—	5	—	—	—	—	—	—	—	—	—	—	—		
		F	4	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—		
26 Other Diseases of Liver, &c.		M	2	—	—	—	—	—	—	—	—	—	1	1	5	—	—	—	—	—	—	—	—	—	—			

CAUSES OF DEATH IN THE ADMINISTRATIVE AREAS IN THE COUNTY OF CUMBERLAND, 1938.

CAUSES OF DEATH				Cockermouth U.D.		Keswick U.D.		Maryport U.D.		Penrith U.D.		Whitehaven M.B.		Workington M.B.		Aggregate of U.D.'s.		Alston R.D.		Border R.D.		Cockermouth R.D.		Ennerdale R.D.		Millom R.D.		Penrith R.D.		Wigton R.D.		Aggregate of R.D.'s.															
				M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.														
ALL CAUSES	28	49	..	34	31	..	78	88	..	68	59	..155	137	..187	158	..550	522	..	28	19	..173	153	..127	106	..192	173	..	91	74	..	65	68	..156	141	..832	734								
1 Typhoid and paratyphoid fevers	—	—	..	—	—	..	—	—	..	—	—	..	—	—	..	—	—	..	—	—	..	1	—	..	—	—	..	—	—	..	—	—	..	1	—									
2 Measles	—	—	..	—	—	..	4	—	..	—	—	..	4	—	..	3	..	8	3	..	—	—	..	4	2	..	—	—	..	1	—	..	2	..	8	4								
3 Scarlet fever	—	—	..	—	—	..	—	—	..	—	—	..	—	—	..	—	..	1	—	..	1	—	..	1	—	..	—	—	..	—	—	..	—	..	2	—								
4 Whooping cough	—	—	..	—	—	..	—	—	..	2	—	..	—	—	..	—	..	—	—	..	1	—	..	—	—	..	—	—	..	—	—	..	—	..	—	2								
5 Diphtheria	—	—	..	—	—	..	—	—	..	1	—	..	2	1	..	—	..	—	—	..	1	..	—	1	..	—	—	..	—	—	..	—	..	—	2									
6 Influenza	1	1	..	1	—	..	1	—	..	—	—	..	3	..	3	1	..	6	5	..	1	—	..	2	1	..	4	2	..	—	1	..	3	1	..	13	7							
7 Encephalitis lethargica	..	—	—	—	—	..	—	—	..	—	—	..	—	—	..	—	—	..	—	..	—	—	..	1	..	—	1	..	—	—	..	—	—	..	—	—	..	1	3								
8 Cerebro-spinal fever	..	—	—	..	1	—	..	1	—	..	—	—	..	—	..	2	—	..	—	..	—	—	..	—	..	—	—	..	1	1	..	—	—	..	—	2	..	1	3								
9 Tuberculosis of respiratory system	—	2	..	1	1	..	3	7	..	3	4	..	9	10	..	6	9	..	22	33	..	1	—	..	6	3	..	2	4	..	17	7	..	6	5	..	1	—	..	4	4	..	37	23
10 Other tuberculous diseases	1	—	..	—	—	..	2	3	..	1	—	..	1	1	..	2	3	..	7	7	..	1	—	..	1	1	..	1	1	..	2	6	..	—	2	..	1	1	..	2	1	..	8	12
11 Syphilis	—	—	..	—	—	..	—	—	..	—	—	..	—	—	..	—	..	—	—	..	1	—	..	—	1	..	—	1	..	—	—	..	—	—	..	—	1	..	1	—	3			
12 General paralysis of the in- sane, tabes dorsalis	—	—	..	—	—	..	—	—	..	—	—	..	—	—	..	—	..	—	—	..	1	—	..	—	—	..	1	—	..	—	—	..	—	—	..	—	—	..	2	—				
13 Cancer, malignant disease	2	9	..	4	4	..	7	6	..	9	10	..	22	20	..	15	23	..	59	72	..	4	3	..	21	28	..	11	18	..	17	23	..	11	10	..	11	6	..	18	26	..	93	114
14 Diabetes	1	—	..	—	—	..	—	2	..	3	1	..	—	6	..	2	3	..	6	12	..	1	—	..	3	1	..	1	2	..	3	5	..	2	—	..	—	1	..	2	4	..	12	13
15 Cerebral haemorrhage, &c.	5	9	..	2	3	..	4	4	..	1	2	..	12	2	..	9	7	..	33	27	..	2	—	..	8	11	..	11	13	..	10	16	..	6	9	..	1	4	..	10	8	..	48	61
16 Heart Disease	4	9	..	7	9	..	22	31	..	20	15	..	28	31	..	51	36	..	132	131	..	9	4	..	50	47	..	35	24	..	37	31	..	22	23	..	18	22	..	43	35	..	214	186
17 Aneurysm	—	—	..	—	—	..	—	—	..	—	—	..	—	—	..	—	..	—	—	..	1	—	..	—	—	..	—	—	..	—	—	..	—	—	..	—	—	..	1	—	—	—	—	
18 Other circulatory diseases	2	1	..	5	4	..	5	1	..	7	4	..	7	2	..	16	3	..	42	15	..	1	1	..	17	7	..	4	—	..	7	12	..	6	2	..	3	7	..	10	8	..	48	37
19 Bronchitis	2	1	..	—	—	..	—	4	..	—	3	..	2	4	..	5	8	..	9	20	..	1	—	..	5	5	..	6	2	..	4	9	..	1	2	..	3	—	..	8	2	..	28	20
20 Pneumonia (all forms)	—	4	..	4	1	..	2	2	..	3	3	..	7	10	..	9	6	..	25	26	..	—	2	..	4	5	..	5	3	..	7	9	..	3	4	..	2	3	..	5	2	..	26	28
21 Other respiratory diseases	—	—	..	1	—	..	1	1	..	—	—	..	1	—	..	6	2	..	9	3	..	—	—	..	—	—	..	3	1	..	—	—	..	2	—	..	—	1	..	7	2			
22 Peptic ulcer	—	1	..	—	—	..	—	—	..	—	—	..	3	—	..	4	—	..	7	1	..	—	—	..	1	—	..	1	1	..	4	1	..	2	1	..	1	—	..	2	1	..	12	4
23 Diarrhoea, &c. (under 2 years)	—	—	..	—	—	..	1	—	..	1	1	..	2	1	..	1	—	..	5	2	..	—	—	..	1	—	..	2	3	..	2	—	..	—	—	..	1	1	..	6	4			
24 Appendicitis	—	—	..	—	—	..	—	—	..	—	—	..	1	1	..	2	—	..	3	1	..	—	—	..	1	—	..	—	—	..	1	2	..	1	—	..	2	—	..	8	2			
25 Cirrhosis of liver	—	—	..	—	1	..	—	—	..	—	—	..	—	—	..	2	3	..	2	4	..	—	—	..	3	—	..	—	1	..	1	—	..	—	—	..	1	—	..	5	1			
26 Other diseases of liver, &c.	—	—	..	—	—	..	—	—	..	—	—	..	1	2	..	1	3	..	2	5	..	—	—	..	—	3	..	1	—	..	—	—	..	3	1	..	5	4						
27 Other digestive diseases	2	—	..	1	—	..	—	2	..	2	1	..	9	3	..	5	5	..	19	11	..	—	1	..	4	1	..	3	2	..	7	3	..	2	1	..	1	4	..	3	6	..	26	18
28 Acute and chronic nephritis	2	—	..	1	1	..	3	3	..	1	2	..	—	3	..	6	2	..	13	11	..	2	3	..	4	6	..	4	2	..	4	3	..	2	2	..	4	1	..	1	2	..	21	19
29 Puerperal sepsis	—	—	..	—	—	..	—	—	..	—	—	..	—	1	..	—	—	..	—	1	..	—	—	..	—	—	..	—	—	..	—	—	..	—	—	..	—	—	..	—	1	—		
30 Other puerperal causes	—	—	..	—	—	..	—	1	..	—	—	..	—	2	..	—	2	..	—	5	..	—	1	..	—	—	..	—	—	..	—	1	..	—	—	..	—	1	..	—	5	—		
31 Congenital debility, premature birth, malformations, &c.	1	—	..	—	3	..	2	3	..	1	2	..	10	4	..	10	10	..	24	22	..	2	—	..	7	7	..	4	4	..	4	8	..	1	1	..	7	3	..	6	6	..	31	29
32 Senility	1	—	..	—	1	..	6	5	..	2	3	..	6	13	..	9	12	..	24	34	..	—	—	..	1	2	..	6	4	..	8	11	..	8	3	..	1	1	..	4	11	..	28	

